

Officeholder, Candidate,
and Controlled Committee
Campaign Statement - Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period
from 3-21-99
through 6-30-99

Date Stamp

2 AUG 99 2:30

-RECORD BY CLAIM-

CALIFORNIA 1994 FORM 490

Page 1 of 16

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Date of election if applicable:
(Month, Day, Year)

4-6-99

I Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Rafi D. Manoukian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Glendale City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glendale

CA

91203

[REDACTED]

COMMITTEE NAME

Manoukian for Glendale City Council

I.D. NUMBER

990121

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

II Other Committees Not Included in this Statement: List any other
committees not included in this consolidated statement that are controlled by you and any
committees of which you have knowledge that are primarily formed to receive contributions
or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-2-99 At Glendale CA

By [Signature] SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-2-99 At Glendale CA

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>3-21-99</u> through <u>6-30-99</u>	CALIFORNIA 1994 FORM 490 Page <u>3</u> of <u>10</u> I.D. NUMBER <u>990121</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>3-23-99</u>	<u>Alishan Topalian</u> [REDACTED] <u>Van Nuys, CA 91406</u>	<u>self</u> <u>Equip. Repair</u>	<u>500.00</u>		
<u>3-23-99</u>	<u>Rita Armirak</u> [REDACTED] <u>Glendale, CA 91226</u>	<u>self</u>	<u>100.00</u>		
<u>"</u>	<u>Arpi Aslanian</u> [REDACTED] <u>Van Nuys, CA 91406</u>	<u>paralegal</u>	<u>100.00</u>		
<u>"</u>	<u>Mego GodJamanian</u> [REDACTED] <u>Los Angeles, CA 90023</u>	<u>American Waste</u>	<u>500.00</u>		
<u>"</u>	<u>O'Hannes Manoukian</u> [REDACTED] <u>Van Nuys, CA 91411</u>	<u>Retired</u>	<u>500.00</u>	<u>650.00</u>	

SUBTOTAL \$ 1700

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 6715.11
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 9435.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 16150.11

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT)

Statement covers period from <u>3-21-99</u> through <u>6-30-99</u>	CALIFORNIA 1994 FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
3-23	<u>Pier Paolo Caputo</u> [REDACTED] LA, CA 90017	<u>Attorney</u>	<u>100.00</u>		
"	<u>Carousel Restaurant</u> [REDACTED] Glendale, CA 91203	<u>Rest.</u>	<u>250.00</u>		
"	<u>Aramco Construction Co.</u> [REDACTED] Glendale CA 91205	<u>Contractor</u>	<u>100.00</u>		
"	<u>Metro Lending Services</u> [REDACTED] Studio City, CA 91604	<u>Lending</u>	<u>250.00</u>		
"	<u>Tennenhouse & Mirassian</u> [REDACTED] Glendale, CA 91202	<u>Attorney</u>	<u>250.00</u>		
4-1	<u>A&H Jewelry mfg.</u> [REDACTED] Glendale, CA 91204	<u>Jewelry mfg</u>	<u>300.00</u>		
SUBTOTAL \$			<u>1250</u>		

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT)

Statement covers period from <u>3-21-99</u> through <u>6-30-99</u>	CALIFORNIA 1994 FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
4-9	50 Financial Services [REDACTED] LA, CA 90027	50 Fin. Svc.	100.00		
"	Jarey & Ralph Tufenkian [REDACTED] Glendale, CA 91208	Retired Travel Agency	1198.00		
"	Anita Gabrielian [REDACTED] Glendale, CA 91208	pac Bell Eng.	100.00		
4-2	Masters Contracting Corp. [REDACTED] Glendale, CA 91204	contractor	300.00		
"	Nayiri Nantakedian [REDACTED] Pasadena, CA 91107	City of pas. family svc.	100.00		
"	Eric D. Hacopian [REDACTED] LA, CA 90036	consulting	217.11		

SUBTOTAL \$ 2015.11

**Schedule E
Payments and Contributions
(Other Than Loans) Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>3-21-99</u>	CALIFORNIA 1994 FORM 490
through <u>6-30-99</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Manoukian for Glendale City Council

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES

"I" -- INDEPENDENT EXPENDITURES

"L" -- LITERATURE

"B" -- BROADCAST ADVERTISING

"N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"O" -- OUTSIDE ADVERTISING

"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" -- FUNDRAISING EVENTS

"G" -- GENERAL OPERATIONS AND OVERHEAD

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Pol. Data Inc.</u> [REDACTED] <u>Barbark, CA 91507</u>			<u>computer data</u>	<u>253.01</u>
<u>AsBarez</u> [REDACTED] <u>Glendale, CA 91204</u>			<u>Advertising</u>	<u>300.00</u>
<u>EDH & Assoc.</u> [REDACTED] <u>LA, CA 90036</u>			<u>Consulting</u>	<u>2400.00</u>

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 2953.01

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>8255.71</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>4701.13</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>13231.16</u>
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ <u>21957</u>

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>3-21-99</u> through <u>6-30-99</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Manoukian for Glendale City Council

CODES FOR CLASSIFYING EXPENDITURES

C -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES

B -- BROADCAST ADVERTISING

G -- GENERAL OPERATIONS AND OVERHEAD

I -- INDEPENDENT EXPENDITURES

N -- NEWSPAPER AND PERIODICAL ADVERTISING

T -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

L -- LITERATURE

O -- OUTSIDE ADVERTISING

S -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

P -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

F -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Adrin Nazarian [REDACTED] Winnetka, CA 91304</i>			<i>Consulting</i>	<i>3100.00</i>
<i>pcc Bell Van Nuys CA 91388</i>			<i>Tel.</i>	<i>448.34</i>
<i>IAN [REDACTED] Glendale, CA 91201</i>			<i>T.V. Advertising</i>	<i>800.00</i>
<i>City of Glendale</i>			<i>Ballot statement</i>	<i>204.36</i>
<i>Hayastan Cultural Center Glendale CA</i>			<i>Tv. Advertising</i>	<i>500.00</i>

SUBTOTAL \$ 5052.70

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>3-21-99</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Manoukian For Glendale City Council

CODES FOR CLASSIFYING EXPENDITURES

C -- MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES

B -- BROADCAST ADVERTISING

G -- GENERAL OPERATIONS AND OVERHEAD

I -- INDEPENDENT EXPENDITURES

N -- NEWSPAPER AND PERIODICAL ADVERTISING

T -- TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

L -- LITERATURE

O -- OUTSIDE ADVERTISING

S -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

P -- PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

F -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>USPS Glendale CA</i>			<i>postage</i>	<i>250.00</i>

SUBTOTAL \$ *250.00*

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>3-21-99</u>	CALIFORNIA 1994 FORM 490
through <u>6-30-99</u>	
Page <u>10</u> of <u>10</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Manoukian for Glendale City Council

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD			
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
<i>EDH & Associates</i> [REDACTED] <i>LA CA 90036</i>			<i>consulting</i>	<i>11200.00</i>
<i>Adria Nazarian</i> [REDACTED] <i>winnetka, CA 91306</i>			<i>consulting</i>	<i>1300.00</i>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)	\$ <u>12,500.00</u>
2. Accrued expenses this period of under \$100. (Do not itemize.)	\$ _____
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)	INCURRED TOTAL \$ <u>12,500.00</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)	PAID TOTAL \$ (_____)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)	NET \$ <u>12,500.00</u> <small>May be a negative number</small>