

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

Date Stamp

31 JAN 20 5:19

REC'D
CITY CLERK

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 34

For Official Use Only

Statement covers period from <u>7-1-99</u> through <u>12-31-99</u>	Date of election if applicable: (Month, Day, Year) <u>4-6-99</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee
○ Primarily Formed
○ Controlled
○ Sponsored
<i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee
○ Sponsored
○ Broad Based |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
990121

COMMITTEE NAME
MANOUKIAN for Glendale City Council

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91205 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Same

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
NICOL Manoukian

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91205 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rafi Manoukian

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Glendale CA 91205

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this 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 1-31-00
DATE

Executed on 1-31-00
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7-1-99</u>	CALIFORNIA FORM 460
through <u>12-31-99</u>	
Page <u>3</u> of <u>34</u>	I.D. NUMBER <u>990121</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Manoukian for Glendale City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>43939.19</u>	\$ <u>44895</u>	\$ <u>88834.19</u>
2. Loans Received Schedule B, Line 7	<u>-</u>	<u>-</u>	<u>-</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>43939.19</u>	\$ <u>44895</u>	\$ <u>88834.19</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>-</u>	<u>8300</u>	<u>8300.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>43939.19</u>	\$ <u>53195</u>	\$ <u>97124.19</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>36727.90</u>	\$ <u>44886</u>	\$ <u>81613.90</u>
7. Loans Made Schedule H, Line 7	<u>-</u>	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>36727.90</u>	\$ <u>44886</u>	\$ <u>81613.90</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-</u>	<u>-</u>	<u>-</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>-</u>	<u>-</u>	<u>-</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>36727.90</u>	\$ <u>44886</u>	\$ <u>81613.90</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>6.87</u>
13. Cash Receipts Column A, Line 3 above	<u>43939.19</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>-</u>
15. Cash Payments Column A, Line 8 above	<u>36727.90</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7220.16</u>

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>-</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>-</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>-</u>

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>-</u>	<u>-</u>
21. Expenditures Made	\$ <u>-</u>	<u>-</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7-1-99</u>	CALIFORNIA FORM 460
through <u>12-31-99</u>	
Page <u>4</u> of <u>34</u>	
I.D. NUMBER <u>990121</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
7-22-99	<i>MK Designers Inc.</i> [REDACTED] Glendale, CA 91208	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1400.00	1250.00	
7-26-99	<i>O'Hannes Manoukian</i> [REDACTED] Sterman Oaks, CA 91411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>retired</i>	1400.00	1750.00	
7-28-99	<i>Closest World Inc.</i> [REDACTED] Whittier, CA 90601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00		
7-23-99	<i>Bon Jour Madam</i> [REDACTED] Glendale, CA 91206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
8-11-99	<i>Nu-star Glass & Mirror</i> [REDACTED] Simi Valley, CA 93065	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		550.00		

SUBTOTAL \$ 3850.00

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 42490.00
- Amount received this period - unitemized contributions of less than \$100 \$ 1449.19
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 43939.19

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

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 7-1-99
 through 12-31-99

CALIFORNIA
 FORM **460**

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NAME OF FILER

Manoukian for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
<i>8-25-99</i>	<i>Victoria Manoukian</i> [REDACTED] <i>Sherman Oaks, CA 91411</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Retired</i>	<i>500.00</i>		
<i>8-24-99</i>	<i>Rezmik Manoukian</i> [REDACTED] <i>Sherman Oaks, CA 91411</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Civil Eng.</i> <i>LA-Dump</i>	<i>200.00</i>	<i>450.00</i>	
<i>8-20-99</i>	<i>Vartanian Enterprises Inc.</i> [REDACTED] <i>Glendale, CA 91205</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>250.00</i>		
<i>8-20-99</i>	<i>Isaac Vartanian</i> [REDACTED] <i>Glendale, CA 91207</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>self</i> <i>Vartanian Ent.</i>	<i>100.00</i>		
<i>8-20-99</i>	<i>Frieda Vartanian</i> [REDACTED] <i>Glendale, CA 91207</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>NOPE</i>	<i>100.00</i>		
<i>8-24-99</i>	<i>Jacob Orpheli</i> [REDACTED] <i>Los Angeles, CA 90028</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>M.D.</i>	<i>700.00</i>	<i>800.00</i>	

SUBTOTAL \$ *1850.00*

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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 7-1-99
 through 12-31-99

CALIFORNIA
 FORM **460**

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NAME OF FILER

Masonkian for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
8-21-99	Arthur Kezian [REDACTED] Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist	100.00		
8-24-99	Osmosis Technology Inc. [REDACTED] Buena Park, CA 90620	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		900.00		
8-17-99	Heru Boyajian [REDACTED] BH, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	None	200.00		
8-17-99	Simon Simonian [REDACTED] Hollywood, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	MD	200.00		
8-11-99	RP Sewing Inc. [REDACTED] Hollywood, CA 90027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		
8-2-99	BarBank Cost Smog-smog pros [REDACTED] BarBank, CA 91502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		

SUBTOTAL \$ 1750.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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 7-1-99
 through 12-31-99

CALIFORNIA
 FORM **460**

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NAME OF FILER

Manson Kian for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
<i>8-5-99</i>	<i>Legend Auto parts Inc.</i> [REDACTED] <i>Glendale, CA 91203</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.00</i>		
<i>8-22-99</i>	<i>St. Gregory church</i> [REDACTED] <i>Glendale, CA 91207</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>1800.00</i>		
<i>8-3-99</i>	<i>Carpet show</i> [REDACTED] <i>Pasadena, CA 91101</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.00</i>		
<i>8-20-99</i>	<i>Bolrossi Inc.</i> [REDACTED] <i>Glendale, CA 91206</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.00</i>		
<i>7-31-99</i>	<i>Town & Ranch Realty Inc.</i> [REDACTED] <i>La Canada CA 91011</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.00</i>		
<i>8-16-99</i>	<i>Donas Lee</i> [REDACTED] <i>BH, CA 90211</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Fin. planner merri lynch</i>	<i>250.00</i>		

SUBTOTAL \$ *2450.00*

*Contributor Codes

IND - Individual
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 OTH - Other

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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>34</u>
I.D. NUMBER <u>990121</u>	

NAME OF FILER

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
8-13-99	<i>Russell Mullin II</i> [REDACTED] Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>self</i>	250.00		
8-13-99	<i>Shore Properties</i> [REDACTED] Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		
8-10-99	<i>Southwest Electric Supply Inc.</i> [REDACTED] Glendale, CA 91201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	200.00	
8-15-99	<i>Albert Bakstavian</i> [REDACTED] Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>M.D.</i>	440.00		
8-6-99	<i>Budget Blinds</i> [REDACTED] Northridge, CA 91325	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
8-11-99	<i>Armen. Students Assoc. of USC</i> [REDACTED] LA, CA 90089	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		300.00		

SUBTOTAL \$ 1440.00

*Contributor Codes
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 OTH - Other

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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>34</u>
NAME OF FILER <u>Manoukian for Glendale City Council</u>	
I.D. NUMBER <u>99012</u>	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
8-12-99	Anthony T. Rabelia [REDACTED] Van Nuys, CA 91411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Public affairs The Gas Co.	200.00	300.00	
8-18-99	Isabel UL Hague [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CEO Star it All	200.00	300.00	
8-20-99	Frank J. Quintero [REDACTED] Glendale, CA 91225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	SELF Alliance for Education	450.00		
8-30-99	Zarife Krikorian [REDACTED] Van Nuys, CA 91406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	SELF Joy cleaners	200.00	400.00	
8-29-99	Rostam & Mary Manoukian [REDACTED] Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Engineer	200.00		
8-28-99	Aram Benjamin [REDACTED] Northridge CA 91324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	SELF	200.00		

SUBTOTAL \$ 1450.00

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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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>34</u>
	I.D. NUMBER <u>990121</u>

NAME OF FILER

Masonkian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
8-31-99	Gm2 pharmacy corp. [REDACTED] Glendale, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		
8-30-99	Rubina Matevosyan [REDACTED] La crescenta, CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	none	200.00		
8-30-99	Ocean View Health Clinic [REDACTED] Glendale, CA 91208	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00		
8-31-99	Oursalian & Oursalian [REDACTED] Glendale, CA 91205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00		
8-31-99	Soccer stores Inc. [REDACTED] Glendale, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		
8-26-99	Sounds Unlimited [REDACTED] Glendale, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00		

SUBTOTAL \$ 2200.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

• 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>7-1-99</u>	CALIFORNIA FORM 460
through <u>12-31-99</u>	
Page <u>11</u> of <u>34</u>	
I.D. NUMBER <u>990121</u>	

NAME OF FILER Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
8-24-99	Vorouj AghadSavian [REDACTED] Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	self	300.00		
9-1-99	Jirair Konialian [REDACTED] Northridge, CA 91324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	M.D.	200.00		
8-26-99	Mixed nuts [REDACTED] Glendale, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
8-31-99	G. Voskanian Construction Inc. [REDACTED] Glendale CA 91214	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		550.00		
8-20-99	Gary & Soss; Kevorkian [REDACTED] Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	orthodontist	500.00		
8-25-99	promo card [REDACTED] Glendale, CA 91201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		

SUBTOTAL \$ 1750.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

***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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>990121</u>	

NAME OF FILER

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
8-31-99	Jar-Pat Ent. Inc Bziner sign [REDACTED] LA, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
8-25-99	Va sken Kaypekian [REDACTED] Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	self	100.00		
9-1-99	Lebanese Arab Corp. [REDACTED] Glendale, CA 91201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		
8-31-99	Olympia Industrial Inc. [REDACTED] City of Industry CA 91746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00		
9-1-99	Hudson Tire & Auto Center [REDACTED] CA CA 90029	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
8-31-99	30 CA Edison [REDACTED] Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		300.00	550.00	

SUBTOTAL \$ 1850.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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 7-1-99
 through 12-31-99

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NAME OF FILER

Mason Kiam for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
<i>9-5-99</i>	<i>Paul Krekorian</i> [REDACTED] <i>Toluca Lake, CA 91602</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>250.00</i>	<i>350.00</i>	
<i>9-2-99</i>	<i>Rima Gregorian</i> [REDACTED] <i>Glendale, CA 91208</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>100.00</i>		
<i>9-1-99</i>	<i>Law office of Deborah Dentler</i> [REDACTED] <i>Glendale, CA 91202</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>100.00</i>		
<i>9-1-99</i>	<i>Nasouh Sadi Ipekian</i> [REDACTED] <i>Glendale, CA 91202</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>none</i>	<i>100.00</i>		
<i>9-2-99</i>	<i>prime Electric</i> [REDACTED] <i>Glendale, CA 91205</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.00</i>		
<i>9-10-99</i>	<i>Golden Market</i> [REDACTED] <i>Glendale, CA 91207</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.00</i>		

SUBTOTAL \$ *750.00*

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 OTH - Other

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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
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NAME OF FILER

Mansourkian For Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-7-99	Heros Kasberouni [REDACTED] Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	self Heros Helicopters	300.00		
9-9-99	Vasken Tavlian [REDACTED] Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	self Investor	200.00		
9-9-99	Invader Digital [REDACTED] Glendale, CA 91203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
9-9-99	Razmik Ovranspour [REDACTED] Glendale, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Artist	100.00		
9-2-99	Colisee plus [REDACTED] LA, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		
9-9-99	pitstop Inc. [REDACTED] Glendale, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		

SUBTOTAL \$ 1050.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
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	I.D. NUMBER <u>990121</u>

NAME OF FILER

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-9-99	<i>Voroussian Melinee Keasarian</i> [REDACTED] Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>self construction</i>	<i>200.00</i>		
9-5-99	<i>Eric Hacopian</i> [REDACTED] LA, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>consultant EDH & Assoc.</i>	<i>700.00</i>	<i>917.11</i>	
9-2-99	<i>Garen Der Hacopian</i> [REDACTED] BH, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>100.00</i>		
8-31-99	<i>Cedars Bank</i> [REDACTED] LA, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>550.00</i>		
9-9-99	<i>SD Fin. SVC.</i> [REDACTED] LA, CA 90027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>300.00</i>	<i>400.00</i>	
9-7-99	<i>Hagop & Rosemary Manoukian</i> [REDACTED] Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Retired</i>	<i>300.00</i>	<i>400.00</i>	

SUBTOTAL \$ *2150.00*

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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>7-1-99</u>	CALIFORNIA FORM 460
through <u>12-31-99</u>	
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I.D. NUMBER <u>990121</u>	

NAME OF FILER
Mansourkian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-8-99	Gary & Maria SerSerian [REDACTED] G.L., CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	wheel sales Dynamic wheels	200.00		
9-8-99	Julietta & Henrik Sarkisian [REDACTED] G.L., CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	wheel sales ABC wheel	200.00		
9-7-99	Tchakian chiropractic CTR. [REDACTED] Van Nuys CA 91411	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		
9-3-99	A&H Jewelry Mfg. Inc. [REDACTED] G.L. CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1300.00	
9-9-99	Peter & Maria Hoshorian [REDACTED] G.L. CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney	400.00		
9-9-99	copy Central Glendale [REDACTED] Glendale, CA 91203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		

SUBTOTAL \$ 2150.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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 7-1-99
 through 12-31-99

CALIFORNIA
 FORM **460**

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NAME OF FILER

Manoukian for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
<i>9-9-99</i>	<i>Coraxcel Restaurant</i> [REDACTED] <i>Glendale, CA 91203</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>250.00</i>	<i>500.00</i>	
<i>9-9-99</i>	<i>Manoukian & Historian</i> [REDACTED] <i>GL CA 91203</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>350.00</i>	<i>849.99</i>	
<i>9-15-99</i>	<i>Aris Anagnos</i> [REDACTED] <i>CA CA 90048</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Retired</i>	<i>250.00</i>		
<i>9-15-99</i>	<i>Anthony Gendal</i> [REDACTED] <i>pas. CA 91101</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Fin Planner</i> <i>merrill lynch</i>	<i>200.00</i>		
<i>9-9-99</i>	<i>Victor King</i> [REDACTED] <i>GL CA 91208</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>100.00</i>		
<i>9-15-99</i>	<i>minos & Delida Kuroghlian</i> [REDACTED] <i>GL CA 91207</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>contractor</i> <i>mk designers</i>	<i>100.00</i>		

SUBTOTAL \$ *1250.00*

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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 7-1-99
 through 12-31-99

CALIFORNIA
 FORM **460**

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NAME OF FILER
Manoukian for Glendale City Council

I.D. NUMBER
990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-14-99	<u>Stannos Hadji Manoukian</u> [REDACTED] Glendale, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>physician</u>	<u>800.00</u>		
9-14-99	<u>David Sogterian</u> [REDACTED] Glendale CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>ENGINEER</u>	<u>200.00</u>		
9-14-99	<u>Knight Ins. Agency</u> [REDACTED] Glendale CA 91209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>200.00</u>		
9-15-99	<u>Nicol manoukian</u> [REDACTED] Gl CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Attorney</u>	<u>100.00</u>		
9-15-99	<u>Alexander Seftian</u> [REDACTED] Gl CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>pharmacist</u> <u>Haig pharmacy</u>	<u>200.00</u>	<u>400.00</u>	
9-15-99	<u>Votases Com Inc.</u> [REDACTED] Gl CA 91205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>250.00</u>		

SUBTOTAL \$ 1750.00

*Contributor Codes
 IND - Individual
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 OTH - Other

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 7-1-99
 through 12-31-99

CALIFORNIA
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NAME OF FILER

Masonkian for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
<i>9-15-99</i>	<i>Gl. Police Officers Assn. PAC #790420 GL CA 91209</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		<i>1000.00</i>		
<i>9-16-99</i>	<i>M. Jordan GL. CA 91202</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>EDD customer rep.</i>	<i>100.00</i>		
<i>9-16-99</i>	<i>Jaro Kerkonian LA CA 90027</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>200.00</i>		
<i>9-9-99</i>	<i>O Hansons LA CA 90014</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>300.00</i>		
<i>9-12-99</i>	<i>Avo Amirian Burbank, CA 91501</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>self pinnacle</i>	<i>100.00</i>	<i>200.00</i>	
<i>9-11-99</i>	<i>Silva Der Sarkissian GL CA 91203</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>self</i>	<i>100.00</i>		

SUBTOTAL \$ *1800.00*

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 OTH - Other

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 7-99
 through 12-31-99

CALIFORNIA
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NAME OF FILER

Manoukian for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
<i>9-14-99</i>	<i>Haber Salman</i> [REDACTED] <i>GL CA 91202</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Loan officer</i> <i>stockbroker</i> <i>merrill lynch</i>	<i>100.00</i>		
<i>9-13-99</i>	<i>Law offices Aris Antonian</i> [REDACTED] <i>GL CA 91203</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>200.00</i>		
<i>9-10-99</i>	<i>Mork's 76</i> [REDACTED] <i>GL CA 91206</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>300.00</i>		
<i>9-15-99</i>	<i>Sylvia Tchakerian</i> [REDACTED] <i>Sherman Oaks, CA 91423</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Sweet Dreams</i> <i>Body care salon</i>	<i>800.00</i>		
<i>9-13-99</i>	<i>Aram OrDuBesian</i> [REDACTED] <i>GL CA 91202</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>200.00</i>		
<i>9-9-99</i>	<i>Cara Danielian</i> [REDACTED] <i>Newport Beach, CA 92660</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>	<i>500.00</i>		

SUBTOTAL \$ *2100.00*

*Contributor Codes

IND - Individual
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 OTH - Other

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>7-1-99</u>	CALIFORNIA FORM 460
through <u>12-31-99</u>	
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NAME OF FILER
Manaukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-13-99	Gary Soszi Kevorkian [REDACTED] Glendale CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	orthodontist	200.00		
9-12-99	K. DeKermansian [REDACTED] Glendale CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	self	400.00		
9-17-99	LA Gift Centre [REDACTED] Hollywood CA 90027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00		
9-14-99	Panos Zetlian [REDACTED] Glendale CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	self	200.00		
9-14-99	Thomas Araian [REDACTED] North Hollywood, CA 91605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Gen. Contractor	100.00		
9-10-99	Creative Video Logic Inc. [REDACTED] Van Nuys CA 91406	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00		

SUBTOTAL \$ 1350.00

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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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
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NAME OF FILER
Maraoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-14-99	Shirin Zarabi [REDACTED] LA CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	self	100.00		
9-14-99	LoRD & Villa Bakery Inc. [REDACTED] GL CA 91202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
9-9-99	Jumping Java [REDACTED] Studio City CA 91604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
9-12-99	Alenish Baghdasaryan [REDACTED] GL CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist	100.00		
9-9-99	patrick Liddell [REDACTED] Panorama City, CA 91402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney	200.00		
9-13-99	Star Leasing Co. [REDACTED] Northridge, CA 91326	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		

SUBTOTAL \$ 700.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

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 7-1-99
 through 12-31-99

CALIFORNIA
 FORM **460**

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NAME OF FILER

Manoukian for Glendale City Council

I.D. NUMBER

990121

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
<i>9-17-99</i>	<i>C. Ovanesian</i> [REDACTED] <i>Glendale, CA 91201</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>self</i>	<i>300.00</i>		
<i>9-17-99</i>	<i>Masters Contracting Corp.</i> [REDACTED] <i>GL CA 91204</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>200.00</i>		
<i>9-20-99</i>	<i>Glendale City Employees Assoc.</i> [REDACTED] <i>GL, CA 91206 ID applied for</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>250.00</i>		
<i>9-17-99</i>	<i>[REDACTED]</i> <i>[REDACTED]</i> <i>[REDACTED]</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Attorney</i>			
<i>9-17-99</i>	<i>Hovnanian Ent.</i> [REDACTED] <i>Santa Ana, CA 92705</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>300.00</i>		
<i>9-14-99</i>	<i>colorado muffler</i> [REDACTED] <i>Pasadena, CA 91107</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>100.00</i>		

SUBTOTAL \$ *1150.00*

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 OTH - Other

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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>24</u> of <u>34</u>
I.D. NUMBER <u>990121</u>	

NAME OF FILER

Manaukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-9-99	S.L.G. Inc. [REDACTED] LA CA 90041	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		300.00		
9-17-99	Taline Hagopian [REDACTED] LA, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Money manager Hedgkiss wiley	300.00		
9-10-99	Abogian & Associates [REDACTED] LA, CA 90027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00		
9-9-99	Tacor [REDACTED] LA, CA 90014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00		
9-16-99	Acu-stress Therapy Center [REDACTED] GL. CA 91202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		400.00		
9-10-99	Set Line [REDACTED] Inglewood, CA 90301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00		

SUBTOTAL \$ 1600.00

*Contributor Codes
 IND - Individual
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 OTH - Other

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>7-1-99</u> through <u>12-31-99</u>	CALIFORNIA FORM 460
	Page <u>25</u> of <u>34</u>
	I.D. NUMBER <u>990121</u>

NAME OF FILER

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-17-99	<i>Varoosh Alavordian</i> ██████████ <i>polos verdes Ct. CA 90214</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>physician</i>	<i>200.00</i>		
9-17-99	<i>S. Sarkissian</i> ██████████ <i>Gl. CA 91203</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>None</i>	<i>100.00</i>		
9-9-99	<i>progress machine & tool corp</i> ██████████ <i>LA, CA 90014</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>200.00</i>		
9-10-99	<i>Victoria Tire Center Inc.</i> ██████████ <i>Huntington park CA 90255</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<i>200.00</i>		
9-17-99	<i>Zorine O'Hanian</i> ██████████ <i>Gl. CA 91207</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>None</i>	<i>200.00</i>		
9-17-99	<i>Vake Bozoyan</i> ██████████ <i>Gl. CA 91205</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Teacher</i> <i>GuSD.</i>	<i>100.00</i>		

SUBTOTAL \$ 1000.00

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 IND - Individual
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 OTH - Other

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>7-1-99</u>	CALIFORNIA FORM 460
through <u>12-31-99</u>	
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NAME OF FILER

Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-17-99	<i>Hitel communications</i> [REDACTED] GL CA 91205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		400.00		
9-17-99	<i>Antronik Sepetian</i> [REDACTED] GL CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>Shirtmaker</i> <i>Beverly Hills shirt Co.</i>	1100.00	2100.00	
9-16-99	<i>Keledjian Jewelers & Co.</i> [REDACTED] CA CA 90014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00		
9-20-99	<i>Marie Matta</i> [REDACTED] GL CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>none</i>	200.00		
9-17-99	<i>Steve Artinian.</i> [REDACTED] GL CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>self</i>	200.00		
9-17-99	<i>Mehar Der Ohannessian</i> [REDACTED] LA CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<i>E.A</i> <i>Fin. svc.</i>	1000.00		

SUBTOTAL \$ 3100.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

**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>7-1-99</u>	CALIFORNIA FORM 460
through <u>12-31-99</u>	
Page <u>29</u> of <u>34</u>	I.D. NUMBER <u>990121</u>

NAME OF FILER
Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER 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)
9-17-99	<u>Hawayak Restaurant</u> ████████████████████ <u>GL CA 91206</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>none</u>	<u>100.00</u>		
9-15-99	<u>Marcus cable Assoc LLC</u> ████████████████████ <u>St. Louis MO 63131</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>500.00</u>		
9-27-99	<u>Dr. Maria Rochart</u> ████████████████████ <u>GL CA 91214</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>New Horizons</u>	<u>200.00</u>		
9-29-99	<u>Michael Clark</u> ████████████████████ <u>Cerritos CA 90701</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Mgr.</u> <u>GL memorial</u>	<u>100.00</u>		
11-4-99	<u>Douglas Moreland</u> ████████████████████ <u>LA CA 90027</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>SELF</u>	<u>100.00</u>		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 1000.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 7-1-99
through 12-31-99

SCHEDULE D
CALIFORNIA FORM 460
Page 29 of 34
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Manoukian for Glendale City Council

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
<i>12-5-99</i>	<i>scott wildman for senate</i> <i>Glendale CA 91205</i>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<i>2699.40</i>	Calendar Year \$ <i>2699.40</i> Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$					

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 2699.40
- Unitemized contributions and independent expenditures made this period of under \$100 \$ —
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 2699.40

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	7-1-99	
through	12-31-99	Page <u>30</u> of <u>34</u>
NAME OF FILER		I.D. NUMBER
Manoukian for Glendale City Council		990121

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| ND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| IND campaign literature and mailings | PRT print ads | VOT voter registration |
| LIT meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mega-part Color creations [REDACTED] LA CA 90017	RFD	Fundraising cards	175.00
Vote palassian [REDACTED] Encino CA 91316	FND	Band fundraiser	300.00
Lou Varoujan [REDACTED] CA CA 90037	FND	Band fundraiser	300.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 775.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>36415.40</u>
2. Unitemized payments made this period of under \$100	\$ <u>312.50</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ <u>-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>36727.90</u>