

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

2006 MAY 2 AM 6:58 Date Stamp

CALIFORNIA 2001/02 FORM 460

Page 1 of 20

For Official Use Only

Statement covers period from 07-01-04 through 12-31-04

Date of election if applicable: (Month, Day, Year) APRIL-2005

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

CHANGING NAME of Contributor

3. Committee Information

I.D. NUMBER 126-52291

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

REFLECT BOB. YOUSEFJAN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

GLENDALE CA 91206

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

ARMINEH S CALEDIAN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

WINNETKA CA 91306

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. 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 5-11-06
Executed on 5-11-06

By [Signature]
By [Signature]
By [Signature]
By [Signature]

**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<br>from <u>07-01-04</u><br>through <u>12-31-04</u> | <b>CALIFORNIA FORM 460</b>    |
|  | Page <u>5</u> of <u>20</u>    |
|  | I.D. NUMBER<br><u>1265291</u> |

NAME OF FILER  
RE ELECT BOB. YOUSEFIAN.

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <u>11-09-04</u>    | <u>GLENDALE MANAGMENT ASSOC</u><br><u>[REDACTED]</u><br><u>91209</u>                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | <u>1000</u>                 | <u>4000</u>  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   |                             |  |                                       |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

NO. 14/169  
 CHKS 14711  
 REF# 339237

**FEDERAL CREDIT UNION**  
 613 EAST BROADWAY  
 GLENDALE, CALIFORNIA 91208  
 (916) 545-5976 - FAX (916) 545-7826

**GLENDALE CITY EMPLOYEES**

To the Order Of:  
 ONE THOUSAND AND 89/100 DOLLARS\*\*

BOB YOUSEFIAN FOR CITY COUNCIL  
 RE: BM3

11/09/04  
 Amount \*\*100.08\*\*

TWO SIGNATURES REQUIRED FOR \$10,000 OR MORE

*[Signature]*  
 AUTHORIZED SIGNATURE

*[Signature]*  
 AUTHORIZED SIGNATURE

1471169

126  
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