

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

CITY CLERK

COVER PAGE

2005 MAR 24 PM 1:48

Date Stamp

Statement covers period from <u>2-20-05</u> through <u>3-19-05</u>	Date of election if applicable: (Month, Day, Year) <u>4-5-05</u>
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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1272875

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
ARA JAMES NAJARIAN FOR CITY COUNCIL

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

CITY STATE ZIP CODE AREA CODE/PHONE  
GLENDALE CA 91203 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
DARLENE NAJARIAN

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
GLENDALE CA 91203 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

ARA JAMES NAJARIAN

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
GLENDALE CA 91203 [REDACTED]

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 3-22-05  
Date

Executed on 3-24-05  
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

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

Type or print in ink.

COVER PAGE - PART 2

Page 2 of 29

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**ARA JAMES NAJARIAN**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CITY OF GLENDALE, CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] **GLENDALE CA 91203**

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or 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

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

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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**7. Primarily Formed Candidate/Officeholder 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>2-20-05</u> through <u>3-19-05</u>	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>29</u>
I.D. NUMBER <b>1272875</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ARA JAMES NAJARIAN FOR CITY COUNCIL

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>47810</u>	\$ <u>96466</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>47810</u>	\$ <u>96466</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>4000</u>	<u>8800</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>51810</u>	\$ <u>105266</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>36541</u>	\$ <u>41438</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>36541</u>	\$ <u>41438</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>36541</u>	\$ <u>41438</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>46959</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>47810</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>36541</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>58228</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</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>2-20-05</u> through <u>3-19-05</u>	Page <u>4</u> of <u>29</u>
I.D. NUMBER <b>1272875</b>	

NAME OF FILER  
**ARA JAMES NAJARIAN FOR CITY COUNCIL**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF 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)	PER ELECTION TO DATE (IF REQUIRED)
<del>██████████</del>	<del>AMC FOODS INC ██████████ ██████████</del>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<del>██████</del>	<del>██████</del>	
2-23-05	LAW OFFICES OF VARTKES YEGHIAYAN ██████████ GLENDALE, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, LAWYER	500	500	
2-23-05	BETTY JAMGOTCHIAN ██████████ PASADENA, CA 91101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, LAWYER	100	100	
2-23-05	MOSES YENIKOMSHIAN ██████████ LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEWIS, D'AMATO LAW FIRM, LOS ANGELES, CA	200	200	
2-23-05	DATEV SHENIAN ██████████ GLENDALE, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VORZIMER LAW FIRM LOS ANGELES, CA	100	100	
<b>SUBTOTAL \$</b>				<b>900</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

**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>2-20-05</u>	Page <u>5</u> of <u>29</u>
through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-23-05	ADVANCED COACHWORKS [REDACTED] GLENDALE, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
2-23-05	SARO KERKONIAN [REDACTED] LOS ANGELES, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, LAWYER	150	150	
2-23-05	GEORGE TERTERIAN [REDACTED] LOS ANGELES, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED LAWYER	500	500	
2-23-05	RAFFI OURFALIAN [REDACTED] GLENDALE, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, LAWYER	500	500	
2-23-05	MANOUKIAN AND ASSOC. [REDACTED] GLENDALE, CA 91205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
<b>SUBTOTAL \$</b>				<b>1,350</b>		

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>2-20-05</u> through <u>3-19-05</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>29</u>
I.D. NUMBER <b>1272875</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**ARA JAMES NAJARIAN FOR CITY COUNCIL**

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	VARTKES NAJARIAN [REDACTED] LA CANADA, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIED	2500	5000	
2-27-05	MARY NAJARIAN [REDACTED] LA CANADA, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2500	5300	
[REDACTED]	[REDACTED] [REDACTED] GLENDALE, CA 91204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		[REDACTED]	[REDACTED]	
3-16-05	ANTHONY MANISCALCHI [REDACTED] GLENDALE, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	500	500	
3-18-05	THOMAS ORTIZ FOR HAIR [REDACTED] GLENDALE, CA 91203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	

SUBTOTAL \$ 5600000

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 43,400
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 4,410
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 47,810

\*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

**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>2-20-05</u> through <u>3-19-05</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>29</u>
NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	
I.D. NUMBER <b>1272875</b>	

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-23-05	AVO DAVIDIAN [REDACTED] GLENDALE, CA, 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, REAL ESTATE	250	250	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>250</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

**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>2-20-05</u> through <u>3-19-05</u>	Page <u>8</u> of <u>29</u>
I.D. NUMBER <b>1272875</b>	

NAME OF FILER  
**ARA JAMES NAJARIAN FOR CITY COUNCIL**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF 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)	PER ELECTION TO DATE (IF REQUIRED)
3-8-05	LARRY TISON [REDACTED] GLENDALE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED ARCHITECT	500	1000	
2-27-05	MARO YACOUBIAN [REDACTED] GLENDALE, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	1000	3000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 1500**

\*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

**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>2-20-05</u>	Page <u>9</u> of <u>29</u>
through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
2-23-05	HRAND SIMONIAN [REDACTED] LOS ANGELES, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	
2-23-05	NOR GYANK/NEW LIFE [REDACTED] GLENDALE, CA 91209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
2-27-05	WALTER KARABIAN [REDACTED] LOS ANGELES, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, LAWYER	1000	1000	
2-27-05	QUALITY HEALTH MEDICAL CENTER [REDACTED] LANCASTER, CA 93535	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
2-23-05	OFIK KHODAVERDY [REDACTED] GLENDALE, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
<b>SUBTOTALS</b>				<b>1,400</b>		

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

**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>2-20-05</u> through <u>3-19-05</u>	Page <u>10</u> of <u>29</u>
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NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
---	-------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	VREJ MAKARADI [REDACTED] GLENDALE, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY CA	100	100	
2-27-05	ANDROUSH ASATOURIAN [REDACTED] GLENDALE, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	VARTAN TAVITIAN [REDACTED] GLENDALE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	VAROUJ ASLANYAN [REDACTED] GLENDALE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	LUDWIG MARDOSIAN [REDACTED] NORTHRIDGE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	350 <del>100</del>	
<b>SUBTOTAL \$</b>				<b>500</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

**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		Page <u>11</u> of <u>29</u>
from <u>2-20-05</u>		
through <u>3-19-05</u>		I.D. NUMBER 1272875

NAME OF FILER  
 ARA JAMES NAJARIAN FOR CITY COUNCIL

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	RAZMIK ALLAHVERDIAN [REDACTED] GLENDALE, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY CA	100	100	
2-27-05	MORTON GOREZAR [REDACTED] GLENDALE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	VRUDJ ZARGARYAN [REDACTED] GLENDALE, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	VAHIK KESHISHYAN [REDACTED] GLENDALE, CA 9105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	ANAIT BARAKZYAN [REDACTED] GLENDALE, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
<b>SUBTOTAL \$</b>				<b>500</b>		

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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>2-20-05</u>	Page <u>12</u> of <u>29</u>
through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	ANAHD GHADIMIAN [REDACTED] GLENDALE, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
2-27-05	VAZKEN GEVORKIAN [REDACTED] GLENDALE, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	HILDA TOROSSIAN [REDACTED] GLENDALE, CA, 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
2-27-05	ALEN HAZARMALIAN [REDACTED] GLENDALE, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	ASHKEN HARUTYUNYAN [REDACTED] GLENDALE, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
<b>SUBTOTAL \$</b>				<b>500</b>		

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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		Page <u>13</u> of <u>29</u>
from <u>2-20-05</u>	through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	SAAKANUSH MARKARIAN [REDACTED] GLENDALE, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
2-27-05	RAYMOND GADIMYAN [REDACTED] GLENDALE, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	URANYA SARKISYAN [REDACTED] SUNLAND, CA 91040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	200	200	
2-27-05	ANDRANIK AGHAJANIAN [REDACTED] GLENDALE, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN GABRIEL TRANSIT, SUN VALLEY, CA	100	100	
2-27-05	STEPHEN DEL GUERCIO [REDACTED] LA CANADA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY/ MAYOR LA CANADA	100	100	
<b>SUBTOTAL \$</b>				<b>600</b>		

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>2-20-05</u> through <u>3-19-05</u>	Page <u>14</u> of <u>29</u>
I.D. NUMBER <b>1272875</b>	

NAME OF FILER  
**ARA JAMES NAJARIAN FOR CITY COUNCIL**

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	MEDICAL MANAGEMENT ADVISORS [REDACTED] GLENDALE, CA 91203	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
2-27-05	ARSEN SANJIAN [REDACTED] OCEANSIDE, CA 92054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2000	2000	
2-27-05	GARO MARDIROSSIAN [REDACTED] LOS ANGELES, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, ATTORNEY	1100	1100	
2-27-05	IDA LEVY [REDACTED] LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	
2-27-05	SARA CHITJIAN [REDACTED] LOS ANGELES, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	
<b>SUBTOTAL \$</b>				<b>4200</b>		

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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>2-20-05</u>	Page <u>15</u> of <u>29</u>
through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	MINA SHIRVANIAN ██ GLENDALE, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	
2-27-05	A. JALALIAN ██ GLENDALE, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	
2-27-05	ROSE MARDIROSSIAN ██ LOS ANGELES, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	
2-27-05	HRACH DOUMANIAN ██ MERRIVILLE, IN 46410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, PHYSICIAN	500	500	
2-27-05	LOZIK KAREK ██ GLENDALE, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250	250	
<b>SUBTOTAL \$</b>				<b>2250</b>		

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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>2-20-05</u>	Page <u>16</u> of <u>29</u>
through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMESNAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	BETTY JANE GERAGOS [REDACTED] LA CANADA, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200	200	
2-27-05	KHOREN KASSARDJIAN [REDACTED] SAN DIEGO, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200	200	
2-27-05	JAY JOHNSON [REDACTED] LA CANADA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, ARCHITECT	200	200	
2-27-05	MARIA MEHRANIAN [REDACTED] LA CANADA, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORDOVA ASSOC, LOS ANGELES	200	200	
2-27-05	ARTIN MANOUKIAN [REDACTED] GLENDALE, CA 91222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNTY OF LOS ANGELES	100	100	
<b>SUBTOTAL \$</b>				<b>900</b>		

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 SCC - Small Contributor Committee

**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>2-20-05</u>	Page <u>17</u> of <u>29</u>
through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMESNAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	CATHERINE YESAYAN [REDACTED] GLENDALE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, REALE ESTATE BROKER	100	100	
2-27-05	HILDA FIDANIAN [REDACTED] GLENDALE, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, INSURANCE BROKER	100	100	
2-27-05	KENNETH NORIAN [REDACTED] BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	
2-27-05	JOYCE ABDULIAN [REDACTED] STUDIO CITY, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	
2-27-05	PAUL KREKORIAN [REDACTED] BURBANK, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, LAWYER	100	100	
<b>SUBTOTAL \$</b>				<b>500</b>		

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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>2-20-05</u>	Page <u>13</u> of <u>29</u>
through <u>3-19-05</u>	
NAME OF FILER <b>ARA JAMESNAJARIAN FOR CITY COUNCIL</b>	
LD. NUMBER <b>1272875</b>	

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	MICHELLE SHIRIKIAN [REDACTED] NEWPORT COAST, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
2-27-05	STEVE COOLEY [REDACTED] TOLUCA LAKE, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNTY OF LOS ANGELES	250	250	
2-27-05	NAVASART KAZAZIAN [REDACTED] LOS ANGELES, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, DENTIST	250	250	
2-27-05	GLENDALE NISSAN [REDACTED] GLENDALE, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500	1500	
2-27-05	NOYEMIK HADANI [REDACTED] GLENDALE, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
<b>SUBTOTAL \$</b>				<b>2,200</b>		

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

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SCHEDULE A (CONT.)

Statement covers period from <u>2-20-05</u> through <u>3-19-05</u>	Page <u>19</u> of <u>29</u>
I.D. NUMBER <b>1272875</b>	

NAME OF FILER  
**ARA JAMESNAJARIAN FOR CITY COUNCIL**

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
2-27-05	GLENDALÉ CITY EMPLOYEES ASSOC. [REDACTED] GLENDALÉ, CA 91209	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
2-27-05	OSHIN BOJALIAN [REDACTED] GLENDALÉ, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED PHYSICIAN	200	200	
3-01-05	GLENDALÉ MANAGEMENT EMPLOYEES [REDACTED] GLENDALÉ, CA 91209	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8000	8000	
3-1-05	BRAND PLAZA DEVELOPMENT [REDACTED] GLENDALÉ, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
2-27-05	VASKEN NAJARIAN [REDACTED] LA HABRA, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	
<b>SUBTOTAL \$</b>				<b>10300</b>		

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

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SCHEDULE A (CONT.)

Statement covers period from <u>2-20-05</u>	
through <u>3-19-05</u>	
Page <u>20</u> of <u>29</u>	
I.D. NUMBER <u>1272875</u>	

NAME OF FILER  
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3-1-05	GEORGE DUNAIAVS [REDACTED] PASADENA, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000	1000	
3-4-05	FIREFIGHTER FOR A BETTER [REDACTED] 10959 ODELL, SUNALND, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	
3-01-05	HAGOP BSHMAKIAN [REDACTED] MONTEBELLO, CA 90640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	
3-3-05	CECILE KESHISHIAN [REDACTED] LOS ANGELES, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	100	100	
3-8-05	BUCK AND BALLOT BRIGADE [REDACTED] GLENDALE, CA 91206	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800	800	
<b>SUBTOTAL \$</b>				<b>4,000</b>		

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

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SCHEDULE A (CONT.)

Statement covers period from <u>2-20-05</u> through <u>3-19-05</u>	Page <u>21</u> of <u>29</u>
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NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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3-6-05	MAGY CHORBAJIAN [REDACTED] TUJUNGA, CA 91042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	
3-6-05	STEVE GIOVANISCI [REDACTED] LA CANADA, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	300	300	
3-4-05	KELLY AND PAULINE INC [REDACTED] N. HOLLYWOOD, CA 91605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	
3-6-05	DR, EDWARD BEHELER [REDACTED] ST. JOSEPH, MO 64506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	
3-8-05	VIGEN GHAZARIAN [REDACTED] GLENDALE, CA 91222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED REAL ESTAT BROKER	100	100	
<b>SUBTOTAL \$</b>				<b>1250</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

**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>2-20-05</u>	Page <u>27</u> of <u>29</u>
through <u>3-19-05</u>	

NAME OF FILER <b>ARA JAMES NAJARIAN FOR CITY COUNCIL</b>	I.D. NUMBER <b>1272875</b>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
3-6-05	LEXUS OF GLENDALE [REDACTED] GLENDALE, CA 91225	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
3-9-05	GLENDALE POLICE OFFICERS ASSOC [REDACTED] GLENDALE, CA 91209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	
3-15-05	RESTAURANT AND BANQUET OWNERS [REDACTED] GLENDALE, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500	1500	
3-16-05	ADDORA BEALL [REDACTED] GLENDALE, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED REALTOR	100	100	
3-15-05	PATRICK FOLEY [REDACTED] GLENDALE, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lewis Brisobis Los Angeles, Ca	100	100	
<b>SUBTOTAL \$</b>				<b>4700</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

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from 2-20-05  
through 3-19-05  
Page 23 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**ARA JAMES NAJARIAN FOR CITY COUNCIL**  
I.D. NUMBER  
**1272875**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PERELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PERELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PERELECTION** \$ _____

SUBTOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

**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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>2-20-05</u>	Page <u>24</u> of <u>29</u>
through <u>3-19-05</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ARA JAMES NAJARIAN FOR CITY COUNCIL

I.D. NUMBER

1272875

DATE RECEIVED	FULL NAME, STREET 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3-1-05	VATCHE TAWILIAN [REDACTED] Glendale, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED REAL ESTATE INVESTOR	OFFICE SPACE	1500	3000	
2-23-05	Vicken Simonian [REDACTED] Pasadena, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed Lawyer	Food and Drinks	2,500	2,500	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 4,000
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 4,000

\*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

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period, from <u>2-20-05</u>	<b>CALIFORNIA FORM 460</b>
through <u>3-19-05</u>	
Page <u>25</u> of <u>29</u>	
I.D. NUMBER 1272875	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ARA JAMES NAJARIAN FOR CITY COUNCIL

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FL candidate filing/ballot fees                                   | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	36,345
2. Unitemized payments made this period of under \$100	\$	196
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>36541</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		
from	2-20-05	
through	3-19-05	Page <u>26</u> of <u>29</u>
		I.D. NUMBER 1272875

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ARA JAMES NAJARIAN FOR CITY COUNCIL

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GEVORK MKHSYAN		CANVASSING	900
HARRY VORPERIAN [REDACTED] Glendale, Ca		GRAPHIC DESIGN SERVICES	1400
LEVON PARIAN		PHOTOGRAPHY	800
ISHKAN JIMBASHIAN			100
HORIZON [REDACTED] GLENDALE, CA 91205	TEL		2000

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

**SUBTOTAL \$ 5200**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		Page: <u>27</u> of <u>29</u>
from <u>2-20-05</u>		
through <u>3-19-05</u>		I.D. NUMBER 1272875

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ARA JAMES NAJARIAN FOR CITY COUNCIL

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

- |   |   |   |
|---|---|---|
| OMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ARMENIAN NATIONAL NETWORK [REDACTED] GLENDALE, CA 91204	TEL			780
AMGA [REDACTED] GLENDALE, CA	TEL			2500
ARMENIAN RUSSIAN TELEVISION NETWORK GLENDALE, CA	TEL			1000
STEPAN PARTAMIAN	TEL			1500
AN CONSULTING [REDACTED] LOS ANGELES, CA 91306	CNS			9860

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

**SUBTOTAL \$ 15640**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period from <u>2-20-05</u> through <u>3-19-05</u>	Page <u>28</u> of <u>29</u>
I.D. NUMBER 1272875	

SEE INSTRUCTIONS ON REVERSE.

NAME OF FILER

ARA JAMES NAJARIAN FOR CITY COUNCIL

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHARTER CABLE COMPANY [REDACTED] GLENDALE, CA		CABLE SERVICE	105.52
ZAREH AMIRIAN [REDACTED] GLENDALE, CA	SAL		2552
HAGOP TASHJIAN [REDACTED] GLENDALE, CA 91203		POSTAGE	1298.21
ADMS [REDACTED] Los Angeles, Ca.	LIT		7165
AA1 GRAPHICS [REDACTED] GLENDALE, CA	LIT		2236.71

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

SUBTOTAL \$ 13,357.44

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period		Page <u>29</u> of <u>29</u>
from	<u>2-20-05</u>	
through	<u>3-19-05</u>	I.D. NUMBER <u>1272875</u>

SEE INSTRUCTIONS ON REVERSE.  
NAME OF FILER

ARA JAMES NAJARIAN FOR CITY COUNCIL

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense  | PRO professional services (legal, accounting) | VOT voter registration  |
| LT campaign literature and mailings                               | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
POLITICAL DATA [REDACTED] BURBANK CA 91507	CNS		457.03
US POSTAL SERVICE GLENDALE, CA	POS		1691

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

SUBTOTAL \$ 2148