Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.	2005 AUG - I PM 4: 41
		lection if applicable: onth, Day, Year) Page 1 of 10 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6-30-05	4-05-05
State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	imarily Formed Ballot Measure committee Controlled Sponsored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Ouarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	DARI MAILIN	SUIPER(S) OF TREASURER LENE NAJARIAN IG ADDRESS STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP COL GLENDALE CA 91203 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COL OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE AREA CODE/PHONE CITY GLEN	NDALE CA 91203 OF ASSISTANT TREASURER, IF ANY JAMES NAJARIAN IG ADDRESS STATE ZIP CODE AREA CODE/PHONE NDALE CA 91203 NAL: FAX / E-MAIL ADDRESS
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Signature of Controlling Officerolder By Signature of Controlling Officerolder By Signature of Controlling Officerolder By Signature of Controlling Officerolder	Information contained herein and in the attached schedules is true and complete. I certify July 1 July 2 July 3 July 4 Ju

FPPC Form 460 (January)03)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page	Type or print in ink.		ate Stamp	COVERPAGE
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period Date	of election if applicable: (Month, Day, Year)		Page 1 of 12.
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure or mittee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee So Complete Part 7)	Type of Statement: ✓ Preelection Statement ✓ Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Spec	terly Statement fal Odd-Year Report lemental Preelection ment - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) ARA JAMES NAJARIAN FOR CITY COUNCIL STREET ADDRESS (NO P.O. BOX)	2/20/3	Treasurer(s) NAME OF TREASURER DARLENE NAJARIAN MAILING ADDRESS CITY GLENDALE	STATE ZIP CO	
GLENDALE CA 91203 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	DE AREA CODE/PHONE	PA JAMES NAJARIAN MAILING ADDRESS	STATE ZIP C	
OPTIONAL: FAX / E-MAIL ADDRESS	" 	GLENDALE OPTIONAL: FAX / E-MAIL ADDRESS	CA 9120	3
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	BySignature of Controlling Of		artsible Officer of Sponsor openent	les is true and complete. I certify FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772)
State of California

Reci	pient Committee
	paign Statement
Cove	er Page — Part 2

Type or print in ink.

	COVER	PAGE - PART2
Deee	2	of 19
Page.		اا

							9-	
Officeholder or Candidate Contr	rolled Committee		6.	Primarily Formed Ball	ot Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE	j			
ARA JAMES NAJARIAN					₹*			
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	Ņ		SUPPORT .
CITY OF GLENDALE, COUNCIL	MEMBER						ļ	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	·	STATE ZIP		Identify the controlling of	ficeholder, can	didate, or stat	e measure i	proponent if any
	GLENDALE	CA 91203		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT		
Related Committees Not Include not included in this statement that are co-contributions or make expenditures on be	ntrolled by you or are primar.			OFFICE SOUGHT OR HELD		D	ISTRICT NO. 1	FANY
COMMITTEE NAME	I.D. NUMBE	₹				<u></u>		•
NAME OF TREASURER	☐ YES	D COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(s) for which this	committee is p	rimarily form	
	RESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDALE	OFFICE SOUGI	11 OK HELD	SUPPORT OPPOSE
	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	IT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBE	₹		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	☐ YES	D.COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	T OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)							
CITY	STATE ZIP CODE	AREA CODE/PHONE		Atta	nch continuatio	n sheets if ne	cessary	•

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER ARA JAMES NAJARIAN

1272875 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 122578 1. Monetary Contributions 1/1 through 6/30 7/1 to Date 3000 3000 2. Loans Received 29112 125578 20. Contributions Received 1500 10300 4. Nonmonetary Contributions ## C,# 3 21. Expenditures 135878 30612 Made **Expenditures Made Expenditure Limit Summary for State** 128273 6. Payments Made 87835 Candidates 22. Cumulative Expenditures Made* 87835 129273 (K Subject to Voluntary Expanditure Limit) 0 0 Date of Election Total to Date 1500 10300 (mm/dd/yy) 89335 139573 **Current Cash Statement** 58228 12. Beginning Cash Balance Preise Smart Page & To calculate Column B. add 29112 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts Ω from Column B of your last reported in Column B. 87835 report. Some amounts in Column A may be negative -495 16. ENDING CASH BALANCE Adas 25/16/18/trebat 5 figures that should be subtracted from previous fila à a termatorstatement 6 met la arc. 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 Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents Se autibe orregise 3000 19. Outstanding Debts Ade 26 9 Colon Bibe FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received		is may be rounded whole dollars.	Statement cov	ers period 0-05		
	INS ON REVERSE			through 6	30-05	Page	4 of [9
=	ME OF FILER Ara James Najarian						
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 F RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
3-21-05	John Gantus Glendale, Ca 91210	☑IND □COM □OTH □PTY □SCC	self employed attorney	100	1	00	
3-21-05	Christine Blake Glendale, CA 91208	☑IND □COM □OTH □PTY □SCC	home maker	500	5	00	
3-21-05	Paul Keller Los Angeles, CA 90013	☑IND □COM □OTH □PTY □SCC	self employed real estate loans	250	2	250	
		□IND □COM □OTH □PTY □SCC	•				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL\$	850			
 Amount re (include al Amount re Total mone 	A Summary celved this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions are contributions received this period. I and 2. Enter here and on the Summary Page, Colu	s of less than :	\$100\$	517	IND- COM OTH PTY-	(other – Other – Politica – Small (al ent Committee than PTY or SCC) (e.g., business entity) il Party Contributor Committee
	· •	•	•			FPPC	Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contrib

Type or print in ink.

SCHEDULE A (CONT.)

utions Received	Amounts may be rounded to whole dollars.	Statement covers period 3-20-05	
		through 6-30-05	Page 5 of 19
			i.d. NUMBER 1272875

				<u>ئ</u> .	1.2.20	, •
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3-20-05	Landmark Design and Construction LLC Carson City, NV 89701	□IND □COM IZOTH □PTY □SCC		500	500	1867
3-20-05	Mapleton Investments, LLC Los Angeles, CA 90024	□IND □COM ☑OTH □PTY □SCC		250	250	
3-20-05	Jane Nathanson Los Angeles, CA 90024	□IND □COM ☑OTH □PTY □SCC	Home Maker	250	250	,
3-20-05	Shant Minas Glendale, CA 91206	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Self employed	100	100	
3-21-05	Caro Minas Glendale, Ca 91206	☐IND ☐COM ☑OTH ☐PTY ☐SCC	self emplaied engineer	400	400	
			SUBTOTAL	1500		

*Contributor Codes

IND - Individual

NAME OF FILER

Ara James Najarian

COM - Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC -- Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)

COURDING & /CONT)

NAME OF FILER Ara James Najarian		Amounts may be rounded to whole dollars.		irom	ers period 0-05 30-05	Page 6 of 19 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 OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y . (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3-22-05	California Real Estate Political Action Committee L.A. CA 90020	☐IND ☐COM ☐OTH ☐PTY ☐SCC		2,000	2,0	000	
3-22-05	Vahram Keshishian Glendale, CA 91202	DIND COM OTH PTY SCC	DMJM and Harris	100	-	00	
3-22-05	Larry Hanson Glendale, CA 91208	☑IND □COM □OTH □PTY □SCC	retired	100	•	100	-
3-22-05	Ruben Amirian Glendale, Ca 91206	☑IND □COM □OTH □PTY □SCC	self employed architect	500		500	
3-23-05	Allen Nazarian Montrose, CA 91020	☑IND □COM □OTH □PTY □SCC	self-employed real estate broker	1000	10	000	

SUBTOTAL\$

3700

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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE A (CONT.)

Statement covers period

to wrote dottars.				-05		
			through 6-3	30-05	Page_	7 or 19
NAME OF FILER Ara James Najarian	·		ı.		1.D.NUI 12728	
	TRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
3-24-05 Los Angeles, CA 90057		self employed photographer	2000	2000		
3-24-05 Glendale, CA 91208	IND COM OTH PTY SCC	self employed hair stylist	500	500		
3-24-05 Glendale, CA 91204	IND . ICOM IOTH IPTY ISCC		2000	2000		
3-26-05 Glendale, CA 91203	IND COM OTH PTY SCC		1000	1000		
3-26-05 Glenwood,. Ca 91206	IND COM OTH PTY SCC	retired	200	2	00	
		SUBTOTAL\$	5700			

*Contributor Codes

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(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC-Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received Amounts may be rounded to whole dollars. Statement covers period from 3-2-05 through 6-30-05			-05	,	8 of 19						
NAME OF FILER						I.D. NU					
Ara James	Najarian	<u> </u>	·	;		12728	375				
DATE RECEIVED	FULL NAME, STREET 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIREO)				
3-24-05	Nvard Alajajian Glendale, CA 91207	☑IND □COM □OTH □PTY □SCC	home maker	200	200		200		200		
3-24-05	Emma Khatchatrian Glendale, CA 91204	ZIND COM OTH PTY SCC	E.D.D. P.O. Box 10402 Van Nuys, CA 91416	200.	200						
3-26-05	Raffi Bekmezian Glendale, CA 91205	☐IND ☐COM ØOTH ☐PTY ☐SCC	self employed mortgage broker	1000	1000		*				
3-20-05	Levon Marashlian La Crescenta, CA 91214	☑IND □COM □OTH □PTY □SCC	Glendale Community College, Glendale, California	100	1	100					
3-26-05	Gael Davitt Glendale, Ca 91208	ZIND ☐COM ☐OTH ☐PTY ☐SCC	teacher, St. Bede School, La Canada, CA	100	1	00					

SUBTOTAL\$

1600

*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

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

SCHEDULE A (CONT.)

Statement covers period

3-2-05

				110111			
				through 6-	30-05	Page_	9 of 19
NAME OF FILER		,			I.D. NU	MBER	
Ara James	Najarian		•	i		12728	75
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, 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 CALENDAR YE (JAN-1 - DEC:	EAR	PER ELECTION TO DATE (IF REQUIRED)
3-26-05	Malekian and Associates Glendale, CA 91202	☐IND ☐COM ØOTH ☐PTY ☐SCC		250	2	50	
3-29-05	Firefighters for Better Representative Govt. Sunland. Ca. 91040	□IND □COM □OTH □PTY □SCC		2000	4,000.	20	
3-31-05	The Walt Disney Company PAC Burbank, CA 91521	☐IND ☐COM ☐OTH ☐PTY ☐SCC		750	7	50	
3-31-05	R. Mirzakhanian La Crescenta, Ca 91214	☑IND □COM □OTH □PTY □SCC	self employed real estate broker	995	9	95	
3-31-05	Scott Akerley Simi Valley, Ca 93065	☑IND □COM □OTH □PTY □SCC	Glenoaks Escrow San Fernando Rd. Glendale, Ca	500	5	00	
SUBTOTAL\$ 4495							

*Contributor Codes

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OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period 3-20-05

				110111			
				through 6-	30-05	Page_	10 of 19
NAME OF FILER						I.D. NUI	MBER
Ara James	Najarian			į		12728	375
DATE RECEIVED	FULL NAME, STREET 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
4-4-05	Firefighters for Better Representative Govt. Sunland CA 91040	□IND □COM □OTH □PTY □SCC		1000	50	000	
3-31-05	Anahyli Porto Glendale, Ca 91208	☑IND □COM □OTH □PTY □SCC	homemaker	500	٤	500	
4-4-05	Glendale Management Assoc, GLENDALE, CA, 91209	☐IND ☐COM - ☐OTH ☐PTY ☐SCC		3,000	11,0	000	
4-4-05	California Teamsters Public Affairs Council Sacramento, CA 95814	□IND □COM □OTH □PTY □SCC	•	500	Ę	500	· ·
4-5-05	M Dakessian Glendale, CA 91203	Zind COM OTH PTY	self employed attorney at law	200	2	200	

SUBTOTAL\$

5200

*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from.

3-20-05

				through 6-	30-05	Page_	
NAME OF FILER Ara James	Najarian			,	-	1.D. NU 12728	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
4-4-05	Mickey parseghian Glendale, Ca 91207	☑IND □COM □OTH □PTY □SCC		300		300	
4-4-05	Intracorp Los Angeles, LLC Newport Beach, CA 92660	□IND □COM POTH □PTY □SCC		250	2	250	
4-4-05	SNK Glendale, LLC Phoenix, AZ 85012	□IND □COM ØOTH □PTY □SCC		2000	20	000	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC			·		
			SUBTOTAL	2550			

*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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

		Type or print in	int				SCHE	DULEB-PART
Schedule B – Part 1 Loans Received		ounts may be re- to whole dollar	bebnuo		Statement cov from3-2	ers period 20-05	-	
SEE INSTRUCTIONS ON REVERSE					through6	-30-05	Page 12	of 19
NAME OF FILER							I.D. NUMBER	
Ara James Najarian					,		1272875	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTERLID, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIO TO DATE
Ara James Najarian	self employed attorney			□ PAID				CALENDARYEA
Clendale, CA 91203		i.		S	_ s3000	O X	s <u>3000</u>	s 3000
TØ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s <u>3000</u>	s3000	\$ <u></u>	1-1-06 DATEDUE	S	0 6-30-05 DATE INCURRED	3000
				□ PAID				CALENDARYEA
				s	_ \$	RATE	s	5
				FORGIVEN		BO15		PERELECTION
TO IND COM OTH PTY SCC		s	s	\$	DATEDUE	s	DATE INCURRED	s
		1		□ PAID	-			CALENDARYEA
				5	_ s	x	s	s
				FORGIVEN		RATE	İ	PERELECTION
TO IND COM OTH PTY SCC		5	\$	s <u>.</u>	DATEDUE	s	DATE INCURRED	s
		SUBTOTALS	3000	\$	0 \$ 3000	\$	0	
Schedule B Summary	· ·					(Enter (e) on Schedule E, Line 3	——————————————————————————————————————	
Loans received this period				¢	3000			
(Total Column (b) plus unitemized loan	s of less than \$100.)			·214299124		·	1Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100)	O paid or forgiven.)) 1	*****************	\$	0		IND Individual COM Recipient Co (other than	ommittee PTY or SCC)

Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A. ** if required.

(Include loans paid by a third party that are also itemized on Schedule A.)

PTY - Political Party

FPPC Form 460 (January/05)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C			Type or print in ink. Amounts may be rounded p					SCHEDULE C		
Nonmoi	netary Contributions Received		to whole dollars.			Statement covers p 3-20-05				
					fros	6-30-(
	TIONS ON REVERSE				thre	ough0-30-0	UO	Page	13 of 19	
NAME OF FILE	R					•		I.D. NUME	BER	
Ara Jame	es Najarian					ť		127287	'5	
DATE RECEIVED	FULL NAME, STREET 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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
: 4 -1-05	Vatche Tawilian Glendale, Ca	☑IND □COM □OTH □PTY □SCC	self employed real estate investor	office space		1500		4500		
		□IND □COM □OTH □PTY □SCC							-	
		□IND □COM □OTH □PTY □SCC					- I - I - I - I - I - I - I - I - I - I			
		□IND □COM □OTH □PTY □SCC		٠			-			
Attakalion	l ibrmationonappropriatelylaieledotiationsieets.			SUBTO	TAL.	\$ 1500				
	e C Summary						*Con	tributer Co	des	
T. Amount (Include	received this period – itemized nonmonetar all Schedule C subtotals.)	y contributions	3, 	*********************	\$_	1500			nt Committee	
	received this period - unitemized nonmone					O		- Other (e	nan PTY or SCC) e.g., business entity)	
3. Total no	nmonetary contributions received this period les 1 and 2. Enter here and on the Summan					COO		Political F Small Co	Party Intributor Committee	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Calcadada E						SCHEDULEE
Schedule E	Type or print in ink. Amounts may be rounded			tement covers per	riod	
Payments Made	to whole d		from .	3-20-05		
SEE INSTRUCTIONS ON REVERSE			throug	gh6-30-05	Page	14 or 19
NAME OF FILER					I.D. NUI	MBER
ARA JAMES NAJARIAN					127287	7 5
CODES: If one of the following codes accurately describe	es the payment, yo	u may enter the code.	Otherwise, des	scribe the payme	ent.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary) CVC civic donations FIL candidate filing/ballot fees TVD fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications 1 appearances ses ating	RAD IN RED IN SAL CONTROL TELL IN TRC CONTROL TRS SING SOLUTION FOR THE PROPERTY OF THE PROPER	adio airtime and prodesturned contributions ampaign workers' save or cable airtime an andidate travel, lodgitaff/spouse travel, lo	duction costs s alaries nd production costs ing, and meals idging, and meals mittees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYER OF COMMITTEE, ALSO ENTER I.D. NUMBERS		CODE OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
ZAREH AMIRIAN		_				
GLENDALE, CA		SAL				2340
AN CONSULTING			. <u></u>		<u> </u>	
LOS ANGELES, CA 91306		CNS				40888
US POSTAL SERVICE GLENDALE, CA 91205		POS	•			647
* Payments that are contributions or independent expenditures	must also be summ	arized on Schedule D.			SUBTOTAL\$	43875
Schedule E Summary	·					
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)	184) 3464) b3084 b384 13444 13464 1444 1444	P.4864014160414444174		\$	87,23
2. Unitemized payments made this period of under \$100						604
3. Total interest paid this period on loans. (Enter amount from						0.

Schedule E				SCHEDULE E (CON				
(Continuation Sheet)	Type or print Amounts may be		j	Statement covers period				
Payments Made	to whole dollars.			from 3-20-05				
SEE INSTRUCTIONS ON REVERSE				through 6-30-05	Page 1	5 of 19		
NAME OF FILER					I.D. NUMBI			
ARA JAMES NAJARIAN		•			1272875	: !		
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ises lating	ger services	RAD radio artime and produce RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodg transfer between community voter registration websites.	ction costs aries I production costs g, and meals ging, and meals nittees of the sam	ne candidate/spons		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID		
SCHAFFER BUSINESS GROUP		D	ISHONORED C	ONTRIBUTION CHECK				
BURBANK, CA 91505			•			150		
				•				
			 			<u> </u>		

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

SUBTOTAL \$

<u>၁၀၀</u>

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	An	Type or print tounts may be to whole do	e rounded	·	from thro	tatement covers period 3-20-05 ugh 6-30-05	Page	BER.
ARA JAMES NAJARIAN CODES: If one of the following codes accurately describe CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* Independent expenditure and mailings		member commeetings and office expen petition circul phone banks polling and spostage, deli	munications d appearance ses lating survey resea very and me	es	RAD RFD SAL TEL TRC TRS	describe the payment radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	costs duction cost d meals and meals s of the sai	s me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
ALL DIRECT MAIL SERVICE NORTH HOLLYWOOD, CA			POS	·				13058
CITY OF GLENDALE			Ī	MATED AND	DOWED	FOR CAMPAIGN OFFI	CE	

ALL DIRECT MAIL SERVICE NORTH HOLLYWOOD, CA	POS		13058
CITY OF GLENDALE GLENDALE, CA		WATER AND POWER FOR CAMPAIGN OFFICE	174
LUIS CASTRO OS ANGELES, CA 90049		GARDENING FOR CAMPAIGN OFFICE	150
NOR GYANK/NEW LIFE GLENDALE, CA 91205	PRT		300
EXPRESS TV GLENDALE, CA 91202	TEL	· ·	1000

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

SUBTOTAL \$

14682

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period 3-20-05	SCHEDULE E (COI
		through 6-30-05	Page 17 of 19
NAME OF FILER			I.D. NUMBER
ARA JAMES NAJARIAN			1272875
CODES: If one of the following codes accura	ntely describes the payment, you may enter the co	de Otherwise describe the navment	<u> </u>

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* I geal defense C campaign literature and mailings	MBR member come MTG meetings and OFC office expen- PET petition circuit PHO phone banks POL polling and s POS postage, delire	nunications I appearance: ses ating urvey researd very and mes	RAD S RFD SAL TEL TRC th TRS (senger services TSF st), accounting) VOT	describe the payment. radio ainime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the san voter registration information technology costs (internet, e	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
POLITICAL DATA 6 BURBANK, CA 91507		CNS			595
PRINX GLENDALE, CA 91205	12.00	LIT			161
IN TOUCH AMERICA TARZANA, CA			CELL PHONES	, 10 1	925
V2 MEDIA TOOLS GLENDALE, CA 91204		TEL			2600
EYE DEAL CREATIVE WORKS GLENDALE, CA 91203		PRT			. 2420
Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.		SUBTOTAL \$	6701

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER ARA JAMES NAJARIAN	Type or print mounts may be to whole do	rounded	·	Statement covers period from 3-20-05 through 6-30-05		
CODES: If one of the following codes accurately describes the CMP campaign paraphernalla/misc.	member commeetings and office expen petition circul phone banks polling and s postage, deli professional	munications I appearance ses ating urvey resear		RAD radio alrime and production RFD returned contributions SAL campaign workers' salaries two or cable airtime and protection TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cos	t. n costs s oduction costs nd meals , and meals es of the sar	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
ASBAREZ GLENDALE, CA 91204		PRT				160
DIANA'S GOURMET CATERING GLENDALE, CA 91202	,		EVENT CATER	ING		3247
CHARTER CABLE "HOENIX, AZ		WEB				171
CHASE GOLD MASTERCARD PALATINE, IL		·	CREDIT CARD F	PAYMENT FOR OFFICE SUF	PLIES	438
CORE MEDIA GROUP ARCADIA, CA		PRT				100

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

4116

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made	Amounts may l	Type or print in link. Amounts may be rounded to whole dollars.			-05 -0-05	SCHEDULE E (CONT.
SEE INSTRUCTIONS ON REVERSE NAME OF FILER ARA JAMES NAJARIAN			<u> </u>	through	Page I.D. NUM 127287	BER
CODES: If one of the following codes accurate CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees fundraising events independent expenditure supporting/opposing others legal defense campaign literature and mailings	MBR member con meetings at OFC office expe PET petition circ PHO phone bank POL polking and (explain)* POS postage, de	mmunications nd appearance nses ulating s survey resear	? \$	RAD radio airtime RFD returned cont SAL campaign wo TEL t.v. or cable a TRC candidate trat TRS staff/spouse t TSF transfer betw VOT voter registra	and production costs ributions rikers' salaries littime and production cost /el, lodging, and meals ravel, lodging, and meals een committees of the sa	me candidate/sponso
NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER LD. NL	YEE MBER}	CODE	OR DI	ESCRIPTION OF PAYMENT		AMOUNT PAID
NEW VISION TV BURBANK, CA		TEL				700
ARTHUR SAAKYAN BURBANK, CA		SAL			•	240
NEXT DAY COLOR PRINTING LENDALE, CA 91204		PRT	-			12951
U.S. POSTAL SERVICE GLENDALE, CA 91205		POS				2312
OFFICE DEPOT						

OFC

GLENDALE, CA 91204

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

SUBTOTAL \$

154

16357