CITY CLERK

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	i)			CALIFORNIA 460 2001:02 FORM	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2007 through 12/31/2007	Date of election if applicable: (Month, Day, Year) 04/05/2005		Page 1 of 7 For Official Use Only	
State Candidate Election Committee	mplete Parts 1, 2, 3, and 4. jallot Measure Committee Primarily Formed Controlled Sponsored Wo Complete Part 6) rimarily Formed Candidate/ Officeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	L ☐ Speci	erly Statement al Odd-Year Report emental Preelection ment - Attach Form 495	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ardy Kassakhian For Clerk STREET ADDRESS (NO P.O. BOX)	1272902 1272902	Treasurer(s) NAME OF TREASURER Kinde Durkee MAILING ADDRESS CITY Burbank	STATE ZIP CO CA 91502		
CITY STATE ZIP CO Burbank CA 9150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	2	NAME OF ASSISTANT TREASUR			
Burbank CA 9150 OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP CO	DE AREA CODE/PHONE	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the Sta	of California that the foregoing is true a _{By} <u>Kinde Durk</u> _{By} Ardashes I	kee South Production Agreement Agree	Tiggents Tiggen	chedules is true and complete. I	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA FORM	460
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	entrolled Committee	٠.	Ballot Measure Comm	ILLEG		
NAME OF OFFICEHOLDER OR CANDIDA	TE		NAME OF BALLOT MEASURE			
Ardashes Kassakhian						
OFFICE SOUGHT OR HELD (INCLUDE LC	OCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
City Clerk, City of Glendale	e, District: 00					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO	AND STREET) CITY STATE ZIP					
	Burbank CA 91502		Identify the controlling off	iceholder, ca	ndidate, or state measi	ure proponent, if a
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT	
Related Committees Not Inch	uded in this Statement: List any committees					
not included in this statement that are contributions or make expenditures o	e controlled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
	!					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Con	nmittee List	names of officeholder(s)	or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?		which this committee is prim	arily formed.		
			Primarily Formed Con which this committee is prim	arily formed.	OFFICE SOUGHT OR HE	LD SUPPOR
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)		which this committee is prim	CANDIDATE		LD SUPPOR
	☐ YES ☐ NO		which this committee is prim	CANDIDATE		LD SUPPOR
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		which this committee is prim	CANDIDATE	OFFICE SOUGHT OR HE	LO SUPPOR
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)		which this committee is prim	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		which this committee is prim NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	LD SUPPOR SUPPOR OPPOSE LD SUPPOR OPPOSE LD SUPPOR
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		Which this committee is prim NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEI	LD SUPPOR OPPOSE LD SUPPOR OPPOSE LD SUPPOR OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER		which this committee is prim NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEI	LD SUPPORE OPPOSE LD SUPPORE OPPOSE LD SUPPORE OPPOSE LD SUPPORE OPPOSE
COMMITTEE ADDRESS STREET A CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		Which this committee is prim NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEI	LD SUPPOR OPPOSE LD SUPPOR OPPOSE LD SUPPOR OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from 07/01/2007 CALIFORNIA 460

through 12/31/2007 Page 3 of 7

I.D. NUMBER 1273003

SEE MSTRUCTIONS ON REVERSE				
NAME OF FILER Ardy Kassakhian For Clerk				1.D. NUMBER 1272902
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALT ODATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ <u>0.00</u>	\$	General Elections	rough 6/30 7/1 to Date
Loans Received		\$ <u>500.00</u>	20. Contributions Received \$	\$
4. Nonmonetary Contributions	\$ 0.00 \$	\$ 0.00 500.00	21 Evpandituras	\$\$
Expenditures Made 6. Payments Made	s 857.86	\$ 942.89	Expenditure Limit S	Summary for State
7. Loans Made		942.89	22, Cumulativ (V Subject to	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00	10561.72 0.00 11504.61	Date of Election (mm/dd/yy)	. Total to Date
Current Cash Statement	•			_ \$
12. Beginning Cash Balance		To calculate Column B, add amounts in Column A to the corresponding amounts		s
14. Miscellaneous Increases to Cash	857.86	from Column B of your last report. Some amounts in Column A may be negative figures that should be		_
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED	s 0.00	subtracted from previous period amounts. If this is the first report being filed for this calendar year, only	<i></i>	_ \$
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		carry over the amounts from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. different from amounts re	Amounts in this section may ported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	4		FPPC To	FPPC Form 460 (June Il-Free Heipline: 866/ASK-F

Schedule E Payments Made SEE INSTRUCTIONS ON REVERS NAME OF FILER Ardy Kassakhian For C			Amounts n	print in ink. nay be round pie dollars.	• d		Statement covers period from 07/01/2007 through 12/31/2007	CALI	MBER
CODES: If one of the final compaign paraphermalia campaign consultants contribution (explain not civic donations candidate filing/ballot ferundraising events independent expenditure legal defense LT campaign literature and	nmonetary)* es es supporting/opp		MBR member MTG meeting OFC office e PET petition PHO phone b POL polling POS postage	r communications and appears and appears circulating canks and survey resentional services in all provides and survey and innal services.	ns nces	R R S III III III III V V	e, describe the payment. AD radio airtime and product FD returned contributions AL campaign workers' salari EL t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodging transfer between commit out out out out out out information technology out out out out out out out out	ion costs ies production cost and meals ng, and meals ttees of the sai	ne candidate/sponsor
	NAME AND ADD	DRESS OF PAYEE O ENTER I.D. NUMBER)		CODE	OR	DESCRIP	TION OF PAYMENT		AMOUNT PAID
Durkee & Associates				PRO					57.86
Burbank Boghos Patatian	CA	91502							57.60
Pasadena	CA	91104		CNS					800.00
* Payments that are contri	butions or inde	pendent expenditure	must also be su	ımmarized oı	Schedule D.			SUBTOTAL S	857.86
Schedule E Summa	•								
1. Payments made this p	eriod of \$100 (or more. (Include all	Schedule E sub	totals.)	*****		*******	\$	
2. Unitemized payments									0
3. Total interest paid this	period on loan	is. (Enter amount fro	m Schedule B, f	Part 1, Colum	nn (e).)		*******************************	\$	0

857.86

•					SCHEDULE	
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement cove		FORM 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 12/31/	2007 Page		
Ardy Kassakhian For Clerk				1272		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication meetings and appearan office expenses PET petition circulating PHO phone banks POL polling and survey res postage, delivery and PRO professional services of print ads	ns nces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL tv. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee	nd production costs butions cers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCEBEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
AA1 Graphics Signs Inc	LIT					
Glendale CA 91202		1000.00	0.00	0.00	1000.00	
GSI Voter Contact Inc Hermosa Beach CA 90254	PHO	1070.20	0.00	0.00	1070.20	
Sarkissian, Rostom Glendale CA 91203	SAL	7500.00	0.00	0.00	7500.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 9570.20	0.00	0.00	9570.20	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized). 2. Total accrued expenses and this period. (Include all accrued).	d accrued expenses under	\$100.)		RRED TOTALS \$ _	0	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				. PAID TOTALS \$	0	
Net change this period. Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)				NET \$ _x	O May be a negative number	

Schedule	e F		
(Continu	ation Shee	t)	
Accrued	Expenses	(Unpaid	Bills)

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

Statement covers period 07/01/2007

CALIFORNIA FORM

SCHEDULE F (CONT.)

through 12/31/2007

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I.D. NUMBER 1272902

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

CMP campaign paraphernalia/misc.

Ardy Kassakhian For Clerk

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

NAME OF FILER

candidate filing/ballot fees FIL

fundraising events

independent expenditure supporting/opposing others (explain)*

legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses petition circulating PET

PHO phone banks

POL polling and survey research POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

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

	(IF COMMITTEE, /	DRESS OF CREDITOR ALBO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Sarkissian, Ro	ostom		POS				
)			991.52	0.00	0.00	991.52
Glendale	CA	91203					
		· · · · · · · · · · · · · · · · · · ·					
			SUBTOTALS	\$ 991.52	\$ 0.00	\$ 0.00	\$ 991.52

Filing Notes

Form/Schedule	Reference No.	Text
DEBTF	TEXT0000000000003 418	6/30/2005 : Sub-vendor: Verizon PO Box 30001 Ingelwood CA 90043 OFC \$991.52 —
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Form/Schedule	Reference No.	Text
Form/Schedule	Reference No.	Text
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