Recipient Committee Campaign Statement Cover Page

Executed on .

Executed on __



Type or print in ink.

CITY GLER KOate Stamp

CALIFORNIA **FORM**

COVER PAGE

Cover Page (Government Code Sections 84200-84216.5)	U	2009 FEB 24	PH 4: 16	FORM TO
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1-01-09	Date of election if applicable: (Month, Day, Year) 4-07-09		Page 1 of 15
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) ◯ General Purpose Committee 	rimarily Formed Ballot Measure ornmittee) Controlled) Sponsored so Complete Part 6)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	i (noiseme	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
Small Contributor Committee OPolitical Party/Central Committee Committee Information	imarily Formed Candidate/ fficeholder Committee so Complete Pert 7) NUMBER 272875	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ara Najarian for City Council STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Ara Najarian MAILING ADDRESS CITY	STATE	ZIP CODEAREA CODE/PHON
CITY STATE ZIP COI Glendale ca 91203 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		Giendale NAME OF ASSISTANT TREASUR Darlene Najarian MAILING ADDRESS	CA-	91203
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	Glendale OPTIONAL: FAX / E-MAIL ADDR	STATE CA LESS	2IP CODE AREA CODE/PHON 91203
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	this statement and to the best of my kni that the foregoing is true and correct. By	owledge the information contained her Signature of Freeding or Assistant 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE-PART2
	FORNIA DRM	460
Page_	2 .	f 15

Officeholder or Candidate Contro	WIGH ACHINITIES		0.	Primarily Formed Ball	of wegania c	omminuee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Ara James Najarian							
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	V	SUPPORT
Glendale City Council Member					-		☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY	STATE ZIP					
	Glendale	CA 91203		Identify the controlling of	ficeholder, cand	lidate, or state meas	ure proponent, if any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT	
Related Committees Not Include	d in this Statemen	f. let any committees					
not included in this statement that are con	trolled by you or are pri			OFFICE SOUGHT OR HELD	·m. ···	DISTRICT	NO. IF ANY
contributions or make expenditures on bel	air or your candidacy.						
COMMITTEE NAME	I.D. NU	MBER					
							-
NAME OF TREASURER	CONTR	OLLED COMMITTEE?	7.	Primarily Formed Can			
		ES NO		officeholder(s) or candidate(s) for which this	committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
							OPPOSE
CITY S	ATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD _
				•			SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU	MBER					
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
NAME OF TREASURER	001	011 50 0010 1077777					OPPOSE
NAME OF TREASURER	CONIR	OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)						OPPOSE
	provide bony						
CITY							
CITY S	ATE ZIP CODE	AREA CODE/PHONE		A 4.7 _		sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in Ink.
Amounts may be rounded

SUMMARYPAGE

Summary Page	to whole dollars.			State from	01-01-09	FORM 460	
SEE INSTRUCTIONS ON REVERSE		<u>, , , , , , , , , , , , , , , , , , , </u>			through	2-21-09	Page 3 of 15
NAME OF FILER Ara Najarian for City Council							I.D. NUMBER 1272875
Contributions Received		COLUMN A TOTALTHIS PERIOD FROMATTACHED SCHEDULES		Column CALENDARY TOTALTOD	YEAR	Running in Both th	nmary for Candidates he State Primary and
1. Monetary Contributions	\$	14,249	ş	1	14,249	General Elections	
2. Loans Received		0	Ť		0	1/1 t	hrough 8/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$	14,249	\$	1	14,249	20. Contributions Received \$	s
4. Nonmonetary Contributions		0			0	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED	\$	14,249	Ş	1	14,249	Made \$	 \$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made	\$	35,266	\$	3	35,266	Candidates	•
7. Loans Made Schedule H, Line 3		0			0	22 Cum	ia. Eunandiinena Hadat
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$	35,266	\$	3	35,266		/e: Expenditures: Made* > Voluntury Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0			0	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0			0	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	35,266	\$		35,266		
Current Cash Statement		=======================================		•		1 /	_ \$
12. Beginning Cash Balance				calculate Colu			
13. Cash Receipts Column A, Line 3 above		14,249		mounts in Colum presponding an			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	fr	om Column B of	f your last	*Amounts in this section in reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		35,266		port. Some am olumn A may be			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	49,324	fig	gures that shoul	ld be		
If this is a termination statement, Line 16 must be zero.			р	ubtracted from period amounts. The first report be	if this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	fo	or this calendar: arry over the an	year, only		
Cash Equivalents and Outstanding Debts			fi	om Lines 2, 7, a ny).			
18. Cash Equivalents	\$	0] "	ily).			
19. Outstanding Debts	\$					FPPC Toil-Free Helplii	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

Schedule	A		or print in ink.				SCHEDULE
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cov	rers period 01-09		ORNIA 460
SEE INSTRUCTION	ONS ON REVERSE			through2	-21-09	Page _	4 of 15
NAME OF FILER Ara Najar	ian for City Council			· · · · · · · · · · · · · · · · · · ·		1.D. NU!	
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 (IF SELFEMPLOYED, ENTER NAME OF BURNESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
2-16-09	William Loos Glendale, Ca 91208	COM COM OTH PTY SCC	M.D.	50		50	
2-16-09	Karnig Karayan Glendale, Ca 91207	DIND COM OTH PTY SCC	retired	100	1	00	
2-17-09	Hilda Hacobian Glendale, Ca 91206	☑IND □COM □OTH □PTY □SCC	not employed	150	1	50	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	300			
Schedule	A Summary				*Coni	ributor Co	odes

1. Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

(include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contributions of less than \$100\$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772)

PTY - Political Party

IND-Individual

COM-Recipient Committee

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

SCC-Small Contributor Committee

14,249

14,249

Glendale, Ca 91205

Henry Schoessler

Type or print in ink.

SCHEDULE A: (CONT.)

Monerary Countributions Received		to whole o		from1-0	ers period 1-09	FORM 460		
NAME OF FILER Ara Najaria	n for City Council		· - · · · · · · · · · · · · · · · · · ·	through 2-	21-09	Page I.D.NU 12728	MBER	
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 BURINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	PER ELECTION TO DATE (IF REQUIRED)		
1-08-09	Tennenhouse and Minassian Glendale, Ca 91202	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000	1,0	100		
1-23-09	John Cianfrini	ZIND □COM □OTH	Cristi Cleaners	250	2	50		

100 100 □ OTH Glendale, CA 91207 ☐PTY ☐SCC □IND Kara Investments Inc. **⊟сом** 1-30-09 1,000 1.000 **☑**OTH Glendale, Ca 91203 PTY □scc G.S. Construction □сом 1-30-09 1,000 1,000 **И**ТОТН Northridge, Ca 91325

retired

☐ PTY SCC ZIND

Псом

□ PTY □scc

*Contributor Codes

IND-Individual

1-23-09

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)

3,350

SUBTOTAL\$

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
66
I.D. NUMBER

Ara Najarian for City Council AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TODATE OF COMMITTEE, ALSO ENTER LD. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) Domus Design ⊟сом 1-30-09 500 500 **☑** OTH Glendale, CA 91205 PTY □ SCC **Z**IND Garo Nazarian Architect □сом 1-30=09 500 500 Потн Burdank, GA 91501 ☐ PTY SCC **ZIND** Hovsep Movsessian engineer Псом 1-30-09 500 500 **⊟отн** Glendale, CA 91208 □ PTY SCC G Tech Construction Inc., СОМ 1-28-09 500 500 **☑**OTH Glendale, Ca 91202 □PTY ⊟scc □IND Shiraz Rental **□**сом 1-30-09 500 500 **☑** OTH Glendale, CA 91204 PTY ☐ SCC

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

2,500

SUBTOTAL\$

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

		to whole	iouars.	from 1-0	1-09	F	ORM 400
				through 2-	21-09	Page.	7 of 15
Ara Najari	an for City Council					I.D. NU 1272	MBER 875
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSEL-SAMLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1-30-09	Alco Printing, Inc Glendale, Ca 91204	□IND □COM ☑OTH □PTY □SCC		500	5	600	
1-29-09	Executive Marketing Alliance Los Angeles, CA 90027	DIND COM DOTH PTY scc		500	5	600	
1-28-09	The Malik Corporation North Hollywood, CA 91607	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500	5	00	•
1-28-09	Arrow Design Consulting Engineers, Inc. Glendale, Ca, 91204	□IND □COM ☑OTH □PTY □SEC	·	500	5	00	
1-30-09	Hovsep Movsessian Glendale, Ca 91208	☑IND □COM □OTH □PTY □SCC	engineer	500	10	00	
· _			SUBTOTAL	\$ 2,500			

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

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

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

1-01-09

NAME OF FILER Ara Najari	an for City Council			through 2-	21-09	Page LD. NUI 12728	
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1-31-09	Vatche Yepremian Glendale, CA 91208		Mortgage Broker	500	5	00	
1-30-09	Old Fashion Deli Glendale, CA 91208	□IND: □COM ☑OTH □PTY □SCC		500	5	00	
1-29-09	Hagop parseghian Glendale. CA 91207	☑IND □COM □OTH □PTY □SCC	self emplyed, medical research	1,000	1,0	00	-
1-29-09	Manuk Melkonyan Glendale, CA 91204	ZIND COM OTH PTY SCC	self emplyed	1,000	1,0	00	
2-10-09	Tony Pogosyan Glendale, CA 91203	☑IND □COM □OTH □PTY □SCC	attorney	1,000	1,0	00	·
			SUBTOTAL	\$ 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

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

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

monetary contributions received	to whole do	from	1-01-09	CALI	FORNIA ORM	460
		through	2-21-09	. Page_	9 0	of 15
VAME OF FILER		 		I.D. NU	MBER	
Ara Najarian for City Council				12728	375	
		4448181				

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	JF 'AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (#582F-EMPLOYED, ENTER NAME OF BURNESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2-5-09	Larry Hanson Glendale, CA 91208	DIND COM OTH PTY SCC	retired	99	99	
2-10-09	United Independent Taxi Drivers, Inc. Los Angeles, Ca 90026	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000	1,000	
2-19-09	Vahagn Keshishyan Woodland Hills, Ca		Chiropractor	250	250	→
2-16-09	Mihran Agbabian Los Angeles, Ca 90049	DIND COM OTH PTY Scc	retired :	250	250	
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL S	1.599		

*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)

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ara Najarian For City Council	Type or prin Amounts may i to whole d	be rounded		Statement covers period from 1-01-09 through 2-21-09	•	RM 460
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CAS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fit. candidate filing/ballot fees FND indraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commeetings and office expensed petition circular phone banks poling and spostage, deli	munications d appearance uses lating survey reseal livery and me	es	erwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campalgn workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee VOT voter registration WEB information technology costs	duction cost d meals and meals s of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYER (FCOMMITTEE, ALSO ENTER LD, MAMBER)		CODE	OR DI	ESCRIPTION OF PAYMENT		AMOUNT PAID
Garnik Vardanyan Glendale, CA 91204		tel				8000
Political Data Burbank, CA 91507			demographic in	nfo		2210
Smart and Final Giendale, CA 91205			event food			119
* Payments that are contributions or independent expenditures in	nust also be summ	arized on S	chedule D.	SU	BTOTAL\$	10329
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	*************		,	\$	34875
2. Unitemized payments made this period of under \$100		************	******************		\$	391
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column	(e).)	·	\$	0

Schedule E SCHEDULE E (CONT.) Type or print in lak. Statement covers period (Continuation Sheet) **CALIFORNIA** Amounts may be rounded to whole dollars. **Payments Made FORM** 1-01-09 from 2-21-09 Page_] through SEE INSTRUCTIONS ON REVERSE NAME OF FILER LD, NUMBER Ara Najarian For City Council 1272875 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CVP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses 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 candidate travel, lodging, and meals TRC FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF legal defense professional services (legal, accounting) PRO VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR DESCRIPTION OF PAYMENT **AMOUNT PAID**

US Postal Service Glendale,Ca 91204	pos		648
ADMSi Sylmar, CA 91342	pos		3527
Rita Vorperian		translation	600
Susan stone Glendale, CA 91208	prt		300
Uniq print Solutions Chino, CA 91710	prt		4579

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

SUBTOTAL \$

Schedule E	The same and the body		SCHEDULE E (CONT.)			
(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460			
Payments Made	to whole dollars.	from1-01-09	FORM 400			
SEE INSTRUCTIONS ON REVERSE		through 2-21-09	Page 12 of 15			

SEE INSTRUCTION NAME OF FILER LD, NUMBER Ara Najarian For City Council 1272875 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalla/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* CTB OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research statt/spouse travel, lodging, and meals POL TRS 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Kimberly Cornell event food Glendale, Ca 120 Palace Liquor event beverages 301 Glendale, CA 91208 Ishkan Jinbashian translation 200 Glendale, Ca 91202 City of Glendale, Ca fil 1525 B Smart Advertising 1020 Raymond Ave prt 151 Glendale, CA 91201 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 2297

Schedule E
(Continuation Sheet)
Payments Made

Schedule E	Type or print	in ink.				CHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Amounts may b	Amounts may be rounded to whole dollars.		Statement covers period 1-01-09	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				through 2-21-09	1 490	3 of 15
Ara Najarian For City Council					1.D. NUMBE 1272875	
CODES: If one of the following codes accurately described campaign paraphematia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC divic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications i appearance ses lating survey resean very and me	s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaried two candidate travel, lodging, a staff/spouse travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration WEB information technology cos	on costs s oduction costs and meals and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNTPAID
Humberto Romero Los Angeles, CA 90027			event catering			120
US Postal Service Glendale, CA 91204		pos				270
Staples Glendale, CA 91204		ofc				236
Gieridale, CA 9 (204						
Nadia Simon Ca 91214		sal				2500
Color Depot Glendale, CA 91204		prt			and a second sec	346
* Payments that are contributions or independent expenditures mus	talso be summarized on	Schedule D.		S	UBTOTAL \$	3472

Schedule E				SCHEDULE E (CONT.)			
(Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Stater from	nent covers period 1-01-09	CALIFO	DRNIA 160	
SEE INSTRUCTIONS ON REVERSE				through	2-21-09	Page_	14 of 15
NAME OF FILER Ara Najarian For City Council			-		180 - 1	I.D. NUMI 127287	
CODES: If one of the following codes accurately des CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain) legal defense campaign literature and mailings	MSR member commeetings an OFC office exper PET petition circu PHO polling and spot age, def	munications d appearance ses lating survey resear	es	RAD rad RFD retu SAL car TEL t.v. TRC can TRS star TSF trar VOT vot	scribe the payment in airtime and production medicontributions in paigh workers' salaries or cable airtime and production travel, lodging, a fifspouse travel, lodging after between committeer registration mation technology cos	n costs s oduction cost nd meals , and meals es of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR DES	CRIPTION OF	PAYMENT		AMOUNT PAID
Glendale, CA 91206		tel					1100
Gourmet A Go Go Montrose, CA			event Catering			·	300
Political Data Burbank, CA 91507			demographic info	.			372
Treaty of Sevres South Pasadena,CA 91030		tel		****	11 au 41		2250
Goodwin Simon Victoria Research Culver City. CA 90232		pol					14200

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

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made	Type or prin Amounts may I to whole d	e rounded	Statement covers period from 1-01-09 through 2-21-09	CALIFORNIA 460 FORM
NAME OF FILER Ara Najarian For City Council	#***-		· · · · · · · · · · · · · · · · · · ·	LO. NUMBER 1272875
CODES: If one of the following codes accurately describ CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office exper petition circu- phone bank POL polling and POS postage, de	rmunications d appearances ises ilating	RAD radio airlime and production RFD returned contributions SAL campaign workers salaries TEL tv. or cable airlime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	n costs duction costs ad meals and meals es of the same candidate/sponse
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. MANGER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nadia Simon Tujunga, Ca 91042		sal		106

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

SUBTOTAL \$