Recipient Committee Campaign Statement	Type or print in	ink.	TY CLERK	CALIFORNIA	460
Cover Page (Government Code Sections 84200-84216.5)		2010 F	EB-I AMIO:	_ *	
,	Statement covers period from 3-22-09	Date of election if applicable: (Month, Day, Year)		Page C	e Only
SEE INSTRUCTIONS ON REVERSE	through 6-30-09	April 7, 2009			
1. Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored ☐ F O Small Contributor Committee	Primarity Formed Ballot Measure Committee Controlled Sponsorad Also Compiler Part 6) Primarity Formed Candidate/ Officeholder Committee Also Compiler Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b amendment to correct	t [emination) elow)	Quarterly Statement Special Odd-Year Report Supplemental Presection Statement - Attach Form 4 summary page	
). NUMBER 1272875	Treasurer(s)			<u></u> 1
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	***···		····
Ara Najarian for City Council		Darlene Najarian			
•		MAILING ADDRESS			
		500 N. Central Ave #94	-		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE		ODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	Glendale NAME OF ASSISTANT TREASUR	CB.	91203 818-549	9-0808
Glendale. Ca ca 91203		Ara Najarjan	KEN, IP ANT		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. 8		MAILING ADDRESS			 -
		500 N. Central Ave., #9	14n		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA C	ODE/PHONE
		Glendale	Ca	91203 818-549	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR			
•					
4. Verification					
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kno	wledge the information combined her	rein and in the attached	schedules is true and complet	e. I certify
under penalty of perjury under the laws of the State of California	that the foregoing is true and correct.	72 //10		•	-
Executed on 1 20 - 10	By	~ 1014 / 11V 1	eUXXX		
Date 7 () -(()	7	Signature of Treasurer of Asistent	- Paratrai		
Executed on	BySignature of Cos	zoli rig Chiade bider Chiade da Sauch Madastre Pro	conset or Responsible Officer o	Sagner	
Executed on	Bv		•		
Date		Signature of Controlling Collosholder, Candidate, St	tale Measure Proponent		
Executed on	Ву	Signature of Controlling Officebolder Constitute St	tate Mene pe Omnoneut		

ponent FPPC Form 460 (January/05) FPPC Toll-Free Helpfine: 886/ASK-FPPC (886/275-3772) State of California

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEAS	URE	·	
Ara Najarian					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
City of Glendale, Councilman					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Gle	CITY STATE ZIP	identify the controll	ing officeholder, ca	andidate, or state measu	re proponent, if an
		NAME OF OFFICEHOLD	ER, CANDIDATE, OR P	ROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by a contributions or make expenditures on behalf of your	you or are primarily formed to receive	OFFICE SOUGHT OR HE	ELD	DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER	-			<u> </u>
		7 Primarik Formac	l Candidata/Offi	oobolder Committee	1 feet
VAME OF TREASURER	CONTROLLED COMMITTEE?			ceholder Committee his committee is primarily fo	
VAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	☐ YES ☐ NO		Edate(s) for which th		ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	☐ YES ☐ NO	officeholder(s) or cand	Eidate(s) for which th	his committee is primarily fo	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	☐ YES ☐ NO	officeholder(s) or cand	Edate(s) for which the ER OR CANDIDATE ER OR CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT SUPPORT SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX) ZIP CODE AREA CODE/PHONE	Officeholder(s) or cand	Edate(s) for which the R OR CANDIDATE R OR CANDIDATE R OR CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P. STATE 2 COMMITTEE NAME	I YES NO IO, BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDS NAME OF OFFICEHOLDS NAME OF OFFICEHOLDS	Edate(s) for which the R OR CANDIDATE R OR CANDIDATE R OR CANDIDATE	OFFICE SOUGHT OR HEL OFFICE SOUGHT OR HEL OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 3-22-09 CALIFORNIA 460

through 6-30-09 Page 3 of 0

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ara Najarian for City Council 1272875 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE General Elections 24083 69096 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 24083 69096 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ Received 3100 21. Expenditures 24083 72196 Made Expenditures Made **Expenditure Limit Summary for State** 132219 51329 **Candidates** 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 51329 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 132219 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Une 3 Date of Election Total to Date 0 (mm/dd/yy) 51329 132219 Current Cash Statement 34434 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 24083 amounts in Column A to the corresponding amounts 1167 *Amounts in this section may be different from amounts-14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 51329 report. Some amounts in Column A may be negative 8355 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 \$ ____ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ for this calendar year, only cany over the amounts from Lines 2, 7, and 9 (If Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE	to whole dollars. from			from 3-22-09			SCHEDUL CALIFORNIA 460 FORM 4	
NAME OF FILER Ara Najarian for City Council							1.D. NU 12728	-
CODES: If one of the following codes accurately describes the CMP campaign paraphemalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIND fundraising events IND legal defense LT campaign literature and mailings	rember com meetings an conffice expen petition circu polling and so postage, deli professional	munication d appearan ses lating urvey rese very and n	s ces	RAD RED SAL TEL TRC TRS TSF VOT	radio a returne campal t.v. or o candida staff/sp transfer voter re	irtime and production d contributions gn workers' salaries able airtime and pro ate travel, lodging, ar ouse travel, lodging,	duction cost id meals and meals as of the sa	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	ÓR-	DESCRIPTION	OF PAY	MENT		AMOUNTPAID
Karine Giragossyan Glendale, Ca 91205		sal			· · · ·			1040
Mary Nalbandyan Glendale, Ca		sal						720
* Payments that are contributions or Independent expenditures must	also be summ	arized on	Schedule D.			sı	IBTOTAL,\$	1760
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E su	btotals.)	• • • • • • • • • • • • • • • • • • • •		<u></u>	********	***************************************	\$	50911

51329

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be rounded to whole dollars.			from throu	3-33-09 6-30-09	CALIFORNIA 460 FORM Page 5 of 6		
NAME OF FILER Ara Najarian For City Council	•					1.D. NUMB 1272875		
CODES: If one of the following codes accurately describe campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MER member com meetings and OFC office expen PET petition circul PHO phone banks POL petiting and s POS postage, deti	munications I appearance ses ating urvey resear very and me	?5	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment radio sirtime and production returned contributions campaign workers' salaries. I.v. or cable sirtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration information technology contributions.	on costs coduction costs and meals g, and meals ees of the san	ne candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. MUNISER)		CODE	OR .	DESCRIPTIO	N OF PAYMENT		AMOUNTPAID	
Call Center Services El Segundo, Ca 90245		pho		-			804	
							,	
		-	·	4		-274		

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

SUBTOTAL \$

Schedule E Payments Made	Type or print in in Amounts may be reto whole dollar	unded	from 3-22-09	CALIFORNIA 460 FORM Page 6 of 10
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	·		unougu.	I.D. NUMBER
Ara Najarian For City Council				1272875
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants COB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense LTC campaign literature and mailings	MGR member communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and surve PCS postage, delivery	cations pearances	RAD radio airtime and processor returned contributions SAL campaign workers's. TEL. t.v. or cable airtime at TRC candidate travel, lodg TRS staff/spouse travel, to vices TSF transfer between coning) VOT voter registration	duction costs s alaries nd production costs ing, and meals
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NAMERE)	cc	DOE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			*	-
-sa	•	-539	-4A-	
* Payments that are contributions or independent expenditu	res must also be summáriza	d on Schedule D.	,	SUBTOTAL\$

2. Unitemized payments made this period of under \$100\$

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

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ara Najarian For City Council	Type or print Amounts may b to whole tid	e rounded		from	atement covers pe 3-33-09 gh 6-30-09) P	SCHEDULE ALIFORNIA FORM age : 7 of NUMBER 172875	160 10
CODES: If one of the following codes accurately descriped to the campaign paraphemalis/misc. CNS 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	MER member con meetings an office exper petitlon citro phone barils POL polling and postage, de	nmunications of appearance uses ulating s survey resear	es:	RAD RFD SAL TEL	describe the p radio airtime and p returned contribut campaign workers t.v. or cable airtim candidate travel, k staff/spouse travel transfer between voter registration information technol	production costs ions 's salaries e and production odging, and me l, lodging, and committees of	en costs als meals the same candida	ite/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUN	IT PAID
Klaris Melikyan Glendale, Ca 91205		sal						165
Nadia Simon La Crescenta, Ca		sal				···		425
ADMSI	-	-		d		-64		

Payments that are contributions or independent expenditures must also	be summarized on Schedule D.		SUBTOTAL \$	17887
U.S. Postal Service Glendale, Ca 91206	pos			210
Treaty of Sevres South Pasadena,Ca 91030	tel	·		2250
ADMS Sylmar, Ca	pos			9518
Nadia Simon La Crescenta, Ca	sal :			4259
	•			

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ara Najarian For City Council				Statem from through_	erit covers period 3-33-09 6-30-09	CALIFO FOR Page 1.D. NUMBE 1272875	M 4.00
CODES: If one of the following codes accurately described 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)* LEG legal defense campaign literature and mailings	MER member com MTG meetings and OFC office expen FET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating survey researe very and mes	s	RAD radii RFD retu SAL cam TEL tv. c TRC can TRS staff TSF tran VOT vote	cribe the payment of airlime and production med contributions paign workers' salaries or cable airlime and production that travel, lodging, authors travel, lodging, sfer between committeer registration mation technology cost	n costs duction costs nd meals , and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, MANDER)		CODE C	DR DES	CRIPTION OF	PAYMENT		AMOUNTPAID
Political Data Burbank, Ca			voter data				607
ATT Los Angeles, Ca			telephone line				138
Giggles Glendale, Ca 91203			food and bevera	ge	·	african and a second	260
Susan Stone Glendale, Ca 91208		pro					530
Olga Ghazaryan Glendale, Ca 91205		sal					1375
* Payments that are contributions or independent expenditures mus	talso be summarized on	Schedule D.			SI	UBTOTAL \$	2910

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.) Statement covers period CALIFORNIA **FORM** 3-33-09 6-30-09

Page___ through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. 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. CMP campaign paraphernalia/misc. MER member communications RAD radio aktime 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 petition circulating PET TEL t.v. or cable airlime and production costs FIL. candidate ffling/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FNO fundralsing events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* N postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS TSF legal defense LEG PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB Information technology costs (internet, e-mail) PRI print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, AUSO ENTER LD. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Charter Communications cable service Glendale, Ca 91204 299 EDH and Assoc. Cns 16674 Los Angeles, Ca 90048 USA TV tel 2000 Burbank, Ca Color Depot prt 411 Glendale, Ca 91204 High Vision Glendale, Ca 91206 tel 1000 st Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 20384

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.

SCHEDULE E (CONT.)

Statement covers.period CALIFORNIA Amounts may be rounded to whole dollars. 3-33-09 FORM 6-30-09 through. Pagé_ 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. CMP campaign paraphemalia/misc. RAD radio airlime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL. t.v. or cable airtime and production costs PET candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meats FND fundraising events polling and survey research staff/spouse travel, lodging, and meals POL TRS independent expenditure supporting/opposing others (explain)* ND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration PRO campaign literature and mailings Ш PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER (IF COMMITTEE, AUSO ENTER LD, NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PÁID Nairi keoseian Glendale, Ca 91208 sai 546 **ARTN** tei 3500 Giendale, Ca 91206 Armenian Media Network tel 2000 Los Angeles Ca Vonage VOIP 120 Malvina Mkrtchyan Glendale, Ca 91205 tel 1000 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 7166