

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

CITY CLERK

Date Stamp

2009 FEB 24 PM 4:00

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

4/7/09

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 09 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Aramazd A-S Stepanian

STREET ADDRESS

113 N. Cedar Street, #102

CITY

Glendale

STATE

CA

ZIP CODE

91206

AREA CODE/DAYTIME PHONE NUMBER

(818) 545-4005

OPTIONAL: FAX / E-MAIL ADDRESS

Aramazd@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council Member

JURISDICTION (LOCATION)

Glendale, California

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
None		

5. Verification

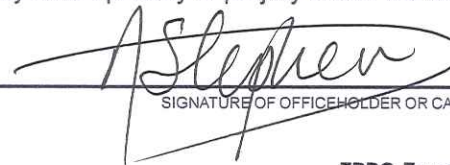
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

2/24/09

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE