

Late Contribution Report

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

CITY CLERK

2009 MAR 27 PM 5:35

LATE CONTRIBUTION REPORT

NAME OF FILER Vartan Gharpetian For Glendale City Council		Date of This Filing 03/26/2009	Date Stamp 2009 MAR 27 PM 5:35	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 913-0555	I.D. NUMBER (if applicable) 1313629	Report No. 001		
STREET ADDRESS 224 1/2 S Brand Bl #A		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Glendale	STATE CA	ZIP CODE 91204		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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 RECEIVED
03/26/2009	Arco Electric 1694 Royal Bl Glendale ID: CA 91207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
03/26/2009	Edwin Mamigonian 245 W Loraine St #112 Glendale ID: CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY _____	STATE _____	ZIP CODE _____		No. of Pages _____

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		
	ID: _____	Ballot: Dist:		

Reason for Amendment: _____