

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period
 from 7/1/94
 through 12/31/94

Date of election if applicable:
 (Month, Day, Year)
4/4/95

REC'D CITY CLERK

Date Stamp

COVER PAGE - LONG FORM

Page 1 of 5

For Official Use Only

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Larry Zarian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Glendale City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glendale, CA 91206

COMMITTEE NAME I.D. NUMBER

Re-Elect Larry Zarian 903395

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glendale, CA 91205

NAME OF TREASURER

Roger Fong

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glendale, CA 91205

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE

YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE

YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/26/95 At Glendale, California

By [Signature] SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/26/95 At Glendale, California

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REFERRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period		Page <u>2</u> of <u>15</u>
from <u>7/1/94</u>	through <u>12/31/94</u>	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
<u>Larry Zarian</u>		<u>903395</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Larry Zarian

I.D. NUMBER

903395

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>-0-</u>	\$ _____	\$ _____
2. Loans Received	Schedule B, Line 7	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ _____	\$ _____	\$ _____
4. Non-monetary Contributions	Schedule C, Line 3	_____	_____	_____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ _____	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	_____	_____	_____
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>-0-</u>	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>5,853</u>	\$ _____	\$ _____
9. Loans Made	Schedule H, Line 7	_____	_____	_____
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>5,853</u>	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	_____	_____	_____
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>5,853</u>	\$ _____	\$ _____

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>17,525</u>
14. Cash Receipts	Column A, Line 3 above	<u>-0-</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>97</u>
16. Cash Payments	Column A, Line 10 above	<u>(5,853)</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>11,769</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ _____
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	\$ _____
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ _____

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	_____
22. Expenditures Made	\$ _____	_____

**Schedule E
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/94</u> through <u>12/31/94</u>		Page <u>3</u> of <u>5</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Larry Zarian</u>		I.D. NUMBER <u>903395</u>

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "B" -- BROADCAST ADVERTISING
- "G" -- GENERAL OPERATIONS AND OVERHEAD.
- "I" -- INDEPENDENT EXPENDITURES
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "L" -- LITERATURE
- "O" -- OUTSIDE ADVERTISING
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ross Enterprises [REDACTED] San Diego, CA 92131	P		Retainer - Consultant	\$ 1,500
Croshaw Communications [REDACTED] Long Beach, 90803	S		Surveys & precinct lists	1,184
City of Glendale Glendale, California	G		Candidate filing fees	875

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 3,558

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 5,786
2. Payments made this period of under \$100. (Do not itemize.)	\$ 67
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 5,853

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/94</u>		Page <u>4</u> of <u>5</u>
through <u>12/31/94</u>		
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Larry Zarian</u>		I.D. NUMBER <u>903395</u>

CODES FOR CLASSIFYING EXPENDITURES

- "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" - INDEPENDENT EXPENDITURES
- "L" - LITERATURE

- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS

- "G" - GENERAL OPERATIONS AND OVERHEAD
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS [REDACTED] El Monte, CA 91731	O		Yard signs	\$ 1,354
Pacific Bell [REDACTED] Van Nuys, CA 91388	G		Campaign telephone line	291
RB Price Co., Inc. [REDACTED] San Diego, CA 92123	F		Campaign buttons	583

SUBTOTAL \$ 2,228

Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period from <u>7/1/94</u> through <u>12/31/94</u>	Page <u>5</u> of <u>5</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Larry Zarian

I.D. NUMBER

903395

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/2/94	American International Bank Glendale, California	Interest earned period 7/1/94-9/1/94	\$ 97

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 97

Miscellaneous Increases to Cash Summary

1. Increases to cash of \$100 or more this period. \$ _____
2. Increases to cash under \$100 this period. (Do not itemize.) \$ 97
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) \$ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) TOTAL \$ 97