

# Officeholder, Candidate and Controlled Committee Campaign Statement - Long Form

(Government Code Sections 84200 - 84216.5)

- 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 01/01/96  
 through 06/30/96  
 Date of Election If applicable:  
 (Month, Day, Year)

22 JUL 96 10:59  
 RECD CLERK  
 Date Stamp

COVER PAGE - LONG FORM  
 Page 1 of 4  
 A For Official Use Only

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

NAME OF OFFICHOLDER OR CANDIDATE:

Mr. 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:

Committee to Elect Larry Zarian

I.D. NUMBER

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

## 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 7/18/96 At Glendale, California By Roger Fong  
 DATE CITY AND STATE SIGNATURE OF TREASURER

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 7-20-96 At Glendale Calif By Larry Zarian  
 DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
 DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
 DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

**Allocation -- Part I  
Contributions and Independent Expenditures  
Made From Campaign Funds**

ALLOCATION - Part I

Statement covers period	90
from 01/01/96	
through 06/30/96	
Page 2 of 4	I.D. NUMBER 903395

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Mr. Larry Zarian, Committee to Elect Larry Zarian

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP.*	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUPPORT	OPPOSE				
02/13/96	Sheldon Baker For Assembly (PAC ID# 951556) ██ Glendale, CA 91205	X			1,000.00	1,000.00	

**SUBTOTAL \$ 1,000.00**

**Allocation -- Part I Summary**

- 1. Contributions and independent expenditures of \$100 or more made this period from campaign funds. (Include all Allocation Page -- Part I Subtotals.) ..... \$ 1,000.00
- 2. Contribution and independent expenditures under \$100 made this period from campaign funds. (Do not itemize.) ..... \$ 0.00
- 3. Total contributions and independent expenditures made this period from campaign funds. (Do not carry this total to the Summary Page.) ..... **TOTAL \$ 1,000.00**

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	1996	
from	01/01/96	
through	06/30/96	
Page	3	of 4
I.D. NUMBER	903395	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Mr. Larry Zarian, Committee to Elect Larry Zarian

### 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	\$ 0.00	\$ 0.00	\$ 0.00
2. Loans Received ..... Schedule B, Line 7	0.00	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0.00	\$ 0.00	\$ 0.00
4. Non-monetary Contributions ..... Schedule C, Line 3	0.00	0.00	0.00
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises) .... Add Lines 3 + 4	\$ 0.00	\$ 0.00	\$ 0.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0.00	0.00	0.00
7. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 5 + 6	\$ 0.00	\$ 0.00	\$ 0.00

### Expenditures Made

8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5	\$ 1,050.00	\$ 0.00	\$ 1,050.00
9. Loans Made ..... Schedule H, Line 7	0.00	0.00	0.00
10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9	\$ 1,050.00	\$ 0.00	\$ 1,050.00
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5	0.00	0.00	0.00
12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11	\$ 1,050.00	\$ 0.00	\$ 1,050.00

### Current Cash Statement

13. Beginning Cash Balance ..... Previous Summary Page, Line 17	\$ 17,727.60
14. Cash Receipts ..... Column A, Line 3 above	0.00
15. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
16. Cash Payments ..... Column A, Line 10 above	1,050.00
17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16	\$ 16,677.60

If this is a Termination Statement, Line 17 must be zero.

\*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).

18. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ 0.00
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### Cash Equivalents and Outstanding Debts

19. Cash Equivalents .....	\$ 0.00
20. Outstanding Debts ..... Add Line 2 + Line 11 in Column C above	\$ 0.00

S/CCW - PUSP06060148 (Rev. 3/94)

### Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
21. Contributions Received \$	0.00	0.00
22. Expenditures Made \$	0.00	0.00

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

**SCHEDULE E**

Statement covers period	
from 01/01/96	90
through 06/30/96	
	Page 4 of 4
	I.D. NUMBER 903395

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Mr. Larry Zarian, Committee to Elect Larry Zarian

**CODES FOR CLASSIFYING EXPENDITURES**

- |   |   |   |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING                                    | "Q" -- 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  
(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 & ADDRESS)

Sheldon Baker For Assembly  
130 South Jackson Street  
████████████████████  
PAC ID# 951556

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C	1,000.00		1,000.00

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

**SUBTOTAL \$ 1,000.00**

**Payments and Contributions Made Summary**

- |  |                          |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                   | \$ 1,000.00              |
| 2. Payments made this period of under \$100. (Do not itemize.)   | \$ 50.00                 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).)         | \$ 0.00                  |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)                  | \$ 0.00                  |
| 5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) | <b>TOTAL \$ 1,050.00</b> |