

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

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COVER PAGE - LONG FORM

Statement covers period
from 1/1/98
through 6/30/98
Date of election if applicable:
(Month, Day, Year)

Date Stamp

Page 1 of 3
For Official Use Only

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.)

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)
[REDACTED]

CITY GLENDALE STATE CA ZIP CODE 91206 AREA CODE/DAYTIME PHONE [REDACTED]

COMMITTEE NAME COMMITTEE TO ELECT LARRY ZARIAN I.D. NUMBER 903395

COMMITTEE ADDRESS (NO. AND STREET)
[REDACTED]

CITY GLENDALE STATE CA ZIP CODE 91205 AREA CODE/DAYTIME PHONE [REDACTED]

NAME OF TREASURER ROGER FONG

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
[REDACTED]

CITY GLENDALE STATE CA ZIP CODE 91205 AREA CODE/DAYTIME PHONE [REDACTED]

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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 7/14/98 At GLENDALE CALIF.

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 7-14-98 At Glendale Calif

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period		Page <u>2</u> of <u>3</u>
from	<u>1/1/98</u>	
through	<u>6/30/98</u>	I.D. NUMBER <u>903395</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

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	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>100.00</u>	\$ _____	\$ <u>100.00</u>
9. Loans Made	Schedule H, Line 7	_____	_____	_____
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ _____	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	_____	_____	_____
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>100.00</u>	\$ _____	\$ <u>100.00</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>15,977.60</u>
14. Cash Receipts	Column A, Line 3 above	_____
15. Miscellaneous Increases to Cash	Schedule I, Line 4	_____
16. Cash Payments	Column A, Line 10 above	<u>100.00</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>15,877.60</u>

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

* 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 I, Column (b)	\$ _____
19. Cash Equivalents and Outstanding Debts	See instructions on reverse	\$ _____
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ _____

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		Page <u>3</u> of <u>3</u>
from <u>1/1/98</u>	through <u>6/30/98</u>	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
<u>COMMITTEE TO ELECT LARRY ZARON</u>		<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
- "D" - BROADCAST ADVERTISING
- "E" - GENERAL OPERATIONS AND OVERHEAD
- "I" - INDEPENDENT EXPENDITURES
- "H" - 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 LD. NUMBER OR, IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	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
<u>STATECRAFT INC.</u> <u>SAN DIEGO, CA 92121</u>	<u>G</u>			<u>\$ 100.00</u>

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 \$ 100.00

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>100.00</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ _____
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 \$ 100.00