

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

Type or print in ink.

-RECORD BY CLERK-
FEB 1999

COVER PAGE - LONG FORM

Statement covers period from <u>1/1/99</u> through <u>2/20/99</u>	Date Stamp <u>123</u>	CALIFORNIA 1994 FORM 490
Date of election if applicable: (Month, Day, Year) <u>4/6/99</u>		

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

Grus Gomez

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

Glendale City Council Member

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glendale CA 91205

COMMITTEE NAME I.D. NUMBER

Gomez for City Council 961776

COMMITTEE ADDRESS (NO. AND STREET)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glendale CA 91226

NAME OF TREASURER

Glynda Gomez

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

[REDACTED]

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? <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 2/24/99 At Glendale, CA

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 2/25/99 At Glendale CA

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

Statement covers period from <u>1/1/99</u> through <u>2/20/99</u>	CALIFORNIA FIN. FORM 490
	Page <u>2</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez / Gomez for City Council

ID. NUMBER
961776

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>5072.99</u>	\$ _____	\$ _____
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>5072.99</u>	\$ _____	\$ _____
4. Non-monetary Contributions Schedule C, Line 3	\$ <u>2940.00</u>	\$ _____	\$ _____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ <u>8012.99</u>	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ <u>8012.99</u>	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 8	\$ <u>7802.00</u>	\$ _____	\$ _____
9. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>7802.00</u>	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>7802.00</u>	\$ _____	\$ _____

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ <u>5513.00</u>
14. Cash Receipts Column A, Line 3 above	\$ <u>5072.99</u>
15. Miscellaneous increases to Cash Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments Column A, Line 10 above	\$ <u>7802.00</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>2783.99</u>

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 I, Column (b) \$ 0

Cash Equivalents and Outstanding Debts

19. Cash Equivalents See instructions on reverse	\$ <u>0</u>
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ <u>0</u>

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u>0</u>	_____
22. Expenditures Made	\$ <u>0</u>	_____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE

Statement covers period from <u>1/1/99</u> through <u>2/20/99</u>	CALIFORNIA 1994 FORM 49C
	Page <u>3</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez / Gomez for City Council

ID NUMBER

961776

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF CONTRIBUTOR, IN ADDITION TO CONTRIBUTOR'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1/7/99	<u>Kimberlee Kimbrell King</u> [REDACTED] <u>Granada Hills, CA 91344</u>	<u>Deputy Attorney General</u> <u>CALIFORNIA</u>	<u>100.⁰⁵</u>	<u>100.⁰⁵</u>	
1/25/99	<u>Candido & Teresita Zareno</u> [REDACTED] <u>Glendale, CA 91208</u>	<u>Physician</u>	<u>100.⁰⁰</u>	<u>100.⁰⁵</u>	
1/24/99	<u>Dr. Sook Won / CM Won</u> [REDACTED] <u>Glendale, CA 91207</u>	<u>Physician</u> <u>Town Cosmetic & Plastic Surgery Center</u>	<u>250.⁰⁰</u>	<u>250.⁰⁵</u>	
1/23/99	<u>Jeffrey A. Koczynski</u> [REDACTED] <u>Glendale, CA 91206</u>	<u>Attorney</u> <u>self-employed</u>	<u>100.⁰⁰</u>	<u>100.⁰⁵</u>	
1/10/99	<u>HL Hemmingser</u> [REDACTED] <u>Glendale, CA 91202</u>	<u>Retired</u>	<u>100.⁰⁰</u>	<u>100.⁰⁵</u>	
SUBTOTAL :			650		

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 2030.⁰⁰
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 3042.⁹⁹
- Total monetary contributions received this period.
(Add lines 1 and 2. Enter here and on the Summary Page, Column A, line 1.) **TOTAL** = 5072.99

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period from <u>1/1/99</u> through <u>2/20/99</u>	CALIFORNIA 1994 FORM 490
Page <u>4</u> of <u>10</u>	ID NUMBER <u>961776</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

GWS Gomez / Gomez for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE ADULTER'S NAME AND ADDRESS)</small>	OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>1/14/99</u> <u>2/9/99</u>	<u>Richard Eisenberg</u> [REDACTED] <u>Glendale, CA 91208</u>	<u>MJM Maintenance</u> <u>Business Manager</u>	<u>150.00</u>	<u>150.00</u>	
<u>2/16/99</u>	<u>San Gabriel Transit, Inc.</u> [REDACTED] <u>Rosemead, CA 91770</u>	<u>Scott Schaffer</u> <u>intermediate</u> <u>Transportation</u>	<u>250.00</u>	<u>250.00</u>	
<u>2/5/99</u>	<u>Donald + Marquerite Altwein</u> [REDACTED] <u>Glendale, CA 91208</u>	<u>Retired</u>	<u>100.00</u>	<u>100.00</u>	
<u>2/1/99</u>	<u>Richard Romo</u> [REDACTED] <u>Clarks, CA 93611</u>	<u>Physician</u> <u>AMGCV/CAMA</u>	<u>150.00</u>	<u>150.00</u>	
<u>2/8/99</u>	<u>Jorge + Maureen Palacios</u> [REDACTED] <u>La Crescenta, CA 91214</u>	<u>Programmer/Human Resources Consultant</u> <u>LA Fireproof Door Co.</u> <u>Jorgensen</u>	<u>150.00</u>	<u>150.00</u>	
<u>2/9/99</u>	<u>Tony and MARY Roggero</u> [REDACTED] <u>Glendale, CA 91208</u>	<u>Banker</u> <u>Bank of America</u>	<u>120.00</u>	<u>120.00</u>	

SUBTOTAL \$ 920.00

**Schedule C
Non-Monetary Contributions Received**

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

SCHEDULE

Statement covers period
from 1/1/99
through 2/20/99

CALIFORNIA
1994 FORM **490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Grus Gomez / Gomez for City Council

I.D. NUMBER

961776

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (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)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>2/99</u>	<u>John & Carol Cianfruni Chrysti Cleaners Glendale, CA 91205</u>	<u>owners Chrysti Constructiv</u>	<u>officespace</u>	<u>500.00 (pro-rated)</u>	<u>550.00</u>	
<u>1/21/99</u>	<u>Henry + Terry Astengo Glendale, CA 91207</u>	<u>LA County Contract administrator</u>	<u>Coffee reception</u>	<u>130.00</u>	<u>180.00</u>	
<u>2/8/99</u>	<u>Jim Scarantino, Scarantinos Glendale, CA 91205</u>	<u>owner Scarantinos</u>	<u>discount on food and beverage for fundraiser</u>	<u>377.00</u>	<u>377.00</u>	
<u>1/27/99</u>	<u>George + Minerva Astengo Glendale, CA 91208</u>	<u>Executive Reubin + Assoc. Housewife</u>	<u>Coffee reception</u>	<u>99.00</u>	<u>198.00</u>	
<u>1/5/99</u>	<u>Max + Pat Hobbs Glendale, CA</u>	<u>Retired</u>	<u>Materials + equipment for buttons</u>	<u>150.00</u>	<u>200.00</u>	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1256.00

Non-Monetary Contributions Summary

- Amount received this period - non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2750.00
- Amount received this period - non-monetary contributions of less than \$100.
(Do not itemize.) \$ 190.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 2940.00

date

2/16
2/17
2/17



Glynda B. Gomez

Name



Deputy Attorney General
Dept. of Justice

occupation

Contributions
envelopes

signs

stamps

description

429.00
925.59
139.64

amount

1559.18

amount

Subtotal: 1994

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

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

SCHEDULE

Statement covers period from <u>1/1/99</u> through <u>2/20/99</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez / Gomez for City Council

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
- *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 (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)	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>US Postmaster</u> <u>[REDACTED]</u> <u>Glendale</u>	<u>L</u>			<u>150.00</u>
<u>City Clerk</u> <u>Glendale City Hall</u>			<u>ballot statement</u>	<u>850.00</u>
<u>Office Depot</u> <u>[REDACTED]</u> <u>Glendale, CA 91209</u>	<u>L</u>			<u>140.00</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 \$ 1140.00

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>6991.00</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>811.00</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>0</u>
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 \$ <u>7802.00</u>

**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 (CON)

Statement covers period from <u>1/1/99</u> through <u>2/20/99</u>	CALIFORNIA 1994 FORM 49C
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	ID NUMBER <u>961776</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez / Gomez for City Council

CODES FOR CLASSIFYING EXPENDITURES

*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 OF COMMITTEE. IN ADDITION TO CANDIDATE'S NAME AND ADDRESS, GIVE LEADER OR, IF NONE, LEADER HAS BEEN ADVISED, GIVER'S NAME AND ADDRESS	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scarantino's Italian Inn [REDACTED] Glendale, CA 91205	F			455.00
Scarantino's Italian Inn [REDACTED] Glendale, CA 91205	F			152.00
Glendale Printing Center [REDACTED] Glendale, CA 91209	L			139.00
Barbara Grover Photography [REDACTED] Los Angeles, CA 90036	L			476.00
Political Data [REDACTED] Glendale, CA 91507			Voter lists	990.00

SUBTOTAL \$ 2206.00

**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 (CC)

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Statement covers period from <u>1/1/99</u> through <u>2/20/99</u>	CALIFORNIA 1994 FORM 491 Page <u>10</u> of <u>10</u> ID NUMBER <u>961776</u>
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Gus Gomez / Gomez for City Council

CODES FOR CLASSIFYING EXPENDITURES

C -- MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES

B -- BROADCAST ADVERTISING

G -- GENERAL OPERATIONS AND OVERHEAD

N -- NEWSPAPER AND PERIODICAL ADVERTISING

T -- TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

I -- INDEPENDENT EXPENDITURES

O -- OUTSIDE ADVERTISING

P -- PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

L -- LITERATURE

S -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

F -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION OF CANDIDATE. IN ADDITION TO CANDIDATE'S NAME AND ADDRESS, ENTER LB. NUMBER OR F. NO. LB. NUMBER HAS BEEN ASSIGNED. ENTER TREASURER'S NAME AND ADDRESS.	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ADMS [REDACTED] North Hollywood, CA	L			1265.00
ADMS [REDACTED] North Hollywood, CA	L			2380.00

SUBTOTAL 836 45.00