

001/001

DAVID GOULD

01/17/2013 16:57 FAX

# 497 Contribution Report

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

CITY CLERK

2013 JAN 17 PM 5:04

497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SIMANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/17/2013	Date Stamp	For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES, CA 90010	STATE	ZIP CODE	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
01/17/2013	Sarkis Kotanjian [REDACTED] Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Armenia Fund, Inc.	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

001/001

# 497 Contribution Report

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Amounts may be rounded to whole dollars.

CITY CLERK

2013 JAN 28 AM 7:33 497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/25/2013	Date Stamp 1/27
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 1	For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY LOS ANGELES, CA 90010	STATE	ZIP CODE	
		No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
01/24/2013	Hagop M. Chopurian [REDACTED] Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of Hagop N Chopurian	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/24/2013	Harout Hovasapio [REDACTED] Glendale, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heating & Air Conditioning  Harout Hovasapio	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/24/2013	Krikor G. Topalian [REDACTED] Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor  Krikor G. Topalian	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

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DAVID GOULD

01/25/2013 22:14 FAX

001/001

DAVID GOULD

01/29/2013 22:21 FAX

CITY CLERK

497 Contribution Report

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

2013 JAN 30 AM 8:28

497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SIRANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/29/2013	Date Stamp [REDACTED]
AREA CODE/PHONE NUMBER [REDACTED]	LD. NUMBER (if applicable)	Report No. 1	For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY LOS ANGELES, CA	STATE CA	ZIP CODE 90010	
		No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/28/2013	Sunshine Truck Stop [REDACTED] Wilmington, CA 90744	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

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# 497 Contribution Report

CITY CLERK

Type or print in ink.  
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2013 JAN 31 PM 4:57

497 CONTRIBUTION REPORT

NAME OF FILER ZARRH SIRANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/31/2013	Date Stamp	497 FOR OFFICIAL USE ONLY
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 2		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES, CA	STATE CA	ZIP CODE 90010	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
01/30/2013	Hayk Martirosyan [REDACTED] Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Martirosyan Law Firm	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

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DAVID GOULD

01/31/2013 17:22 FAX

001/001

DAVID GOULD

02/11/2013 17:47 FAX

CITY CLERK

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars. 2013 FEB 12 AM 7:14

497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SIRANYAN FOR CITY COUNCIL 2013		Date of This Filing 02/11/2013	Date Stamp	497 CONTRIBUTION REPORT FOR OFFICIAL USE ONLY
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY LOS ANGELES, CA 90010		STATE	ZIP CODE	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/11/2013	Edward Mouradian [REDACTED] Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Edward Mouradian	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
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