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CITY CLERK

497 Contribution Report

2013 FEB 13 AM 7:45

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

Handwritten signature and stamp area.

Form header section containing filer name (ZAREH SINANYAN FOR CITY COUNCIL 2013), date of filing (02/12/2013), report number (1), and filer address (LOS ANGELES, CA 90010).

1. Contribution(s) Received

Table with 5 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, and AMOUNT RECEIVED. Includes entry for Nuran Sinanyan on 02/11/2013 for \$1,000.00.

\*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

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

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

DAVID GOULD

02/12/2013 21:26 FAX

001/001

DAVID GOULD

02/12/2013 20:57 FAX

CITY CLERK

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

497 CONTRIBUTION REPORT

NAME OF FILER ZARER SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 02/12/2013	Date Stamp 197
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 2	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
02/11/2013	Sossi Babelian [REDACTED] La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Assistant  Central Valley	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/11/2013	Antranik Baghdassarian [REDACTED] La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/Businessman  Karoun Dairies, 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

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

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 OTH - Other (e.g., business entity)  
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