

**Recipient Committee
Campaign Statement – Short Form**

CITY CLERK
2007 OCT 17 AM 10:30
Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>1-1-07</u> through <u>6-30-07</u>	CALIFORNIA FORM 450
	Page <u>3</u> of <u>3</u>
I.D. NUMBER <u>745922</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

G. C. E. A. Better Government Committee

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
3-7-07	Dave weaver	Political support	city council endorsements <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 3,000-	Calendar Year \$ <u>3,000</u> - Other \$ _____
3-7-07	Rafi manoukian	Political support	city council endorsement <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 3,000	Calendar Year \$ <u>3,000</u> - Other \$ _____
3-7-07	John Drayman	Political support	city council endorsement <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 5.00	Calendar Year \$ <u>500</u> - Other \$ _____
3-7-07	Greg Krikorian	Political support	city council endorsement <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$ 500	Calendar Year \$ <u>500</u> - Other \$ _____
SUBTOTAL				\$ 7,000 -	\$ <u>7,000</u> -

* Required only for payments which are contributions or independent expenditures.

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Amounts may be rounded
to whole dollars.

Recipient Committee
Campaign Statement
Summary Page

Statement covers period from <u>1-1-07</u>	CALIFORNIA FORM 450
through <u>6-30-07</u>	
Page <u>2</u> of <u>3</u>	
I.D. NUMBER <u>745922</u>	

NAME OF COMMITTEE

G.C.E.A. Better Government Committee

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>7,000 -</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2	\$ <u>7,000 -</u>
4. Nonmonetary Adjustment From Line 8 Below	<u>0</u>
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$ <u>7,000 -</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>2,985.75</u>
8. Non-monetary contributions received this period	<u>0</u>
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$ <u>2,985.75</u>

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$ <u>10,634.47</u>
12. Cash receipts this period Line 7 above	<u>2,985.75</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period Line 3 above	<u>7,000. -</u>
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>6,620.22</u>

Recipient Committee Campaign Statement — **2007 Form AH 11: 03**

CITY CLERK Type or print in Ink.

SHORT FORM

Statement covers period from <u>1-1-07</u> through <u>6-30-07</u>	Date Stamp	CALIFORNIA SHORT FORM 450
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>3</u>	
		For Official Use Only <u>745922</u>

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses or enforceable promises received.

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
 Quarterly Statement
 Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
 Semi-annual Statement
 Special Odd-year Campaign Report
 Termination Statement (Attach a completed Form 415 to this statement.)

I Committee Information

NAME OF COMMITTEE
Glendale city Employees Assoc.

ADDRESS OF COMMITTEE (NO. AND STREET)
512 E. Wilson Ave - Ste 210 - Glendale 91206

CITY STATE ZIP CODE
818-548-3985

AREA CODE/PHONE NUMBER

745922
I.D. NUMBER

Svette Makary
NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

2007 OCT 17 AM 11:03 CITY CLERK

II Committee Type (check boxes) Is this a controlled committee? Yes No Is this a sponsored committee? Yes No Is this a broad based committee? Yes No

III Verification

This committee has not received any contributions, cumulative contributions or miscellaneous receipts from a single source totaling \$100 or more which must be itemized, and this committee has not made or received loans, and has no accrued expenses or outstanding enforceable promises received. 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 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 10-15-07 At Glendale - CA By [Signature]

DATE CITY AND STATE SIGNATURE OF TREASURER

An officeholder, candidate, or state measure proponent 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 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 _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.