

Recipient Committee Campaign Statement — Short Form

Type or print in ink.

CITY CLERK

SHORT FORM

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.)

Statement covers period from <u>7-1-06</u> through <u>12-31-06</u>	2007 MAR Date Rec'd: 42	450 Page <u>1</u> of <u>3</u> For Official Use Only <u>745922</u>
Date of election if applicable: (Month, Day, Year)		

I Committee Information

NAME OF COMMITTEE
Glendale City Employees Assoc.
 ADDRESS OF COMMITTEE (NO. AND STREET)
512 E. Wilson - Ste 210 - Glendale CA 91206
 CITY 818-548-3985 STATE CA ZIP CODE
 AREA CODE/PHONE NUMBER

745922
 I.D. NUMBER
Evelle Makary
 NAME OF TREASURER
 PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
 CITY STATE ZIP CODE
 AREA CODE/DAYTIME PHONE NUMBER

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 3-5-07 DATE At Glendale, CA CITY AND STATE By [Signature] 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 _____ DATE At _____ CITY AND STATE By _____ SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROponent, OR RESPONSIBLE OFFICER

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

Executed on _____ DATE At _____ CITY AND STATE By _____ 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.

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period from <u>1-1-06</u> through <u>12-31-06</u>	CALIFORNIA FORM 450
	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>500-</u>
2. Expenditures under \$100 made this period (Not itemized.)	\$ <u>0-</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$ <u>500-</u>
4. Nonmonetary Adjustment	\$ <u>0-</u>
5. Total expenditures made from previous statement	\$ <u>0-</u>
(If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 6
6. TOTAL EXPENDITURES MADE TO DATE	\$ <u>500-</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>2,883-</u>
8. Non-monetary contributions received this period	\$ <u>0-</u>
9. Total contributions received from previous statement	\$ <u>0-</u>
(If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 10
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ <u>2,883-</u>

Current Cash Statement

11. Beginning cash balance	\$ <u>8,251.47</u>
12. Cash receipts this period	\$ <u>2,883.-</u>
13. Miscellaneous increases to cash	\$ <u>0-</u>
14. Cash expenditures this period	\$ <u>500-</u>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>10,634.47</u>

**Recipient Committee
Campaign Statement – Short Form**

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

Statement covers period
from 7-1-06
through 12-31-06

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

G.C.E.A. Better Government Committee

I.D. NUMBER

745922

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*
<u>7-24-06</u>	<u>Ardashes Kassakhian</u>	<u>Political support</u>	<u>city treasurer</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	<u>500</u>	Calendar Year \$ <u>500</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				<u>500</u>	<u>500</u>

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