

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

2007 FEB 26 AM 11:28

CALIFORNIA FORM 460

Page 1 of 15

For Official Use Only

Statement covers period from 01/01/07 through 02/17/07 Date of election if applicable: (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

The Friends of Greg Krikorian

STREET ADDRESS (NO P.O. BOX)

1807 W. Glenoaks Blvd.#205

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale CA 91201 818/240-7709

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

818/240-7320

Treasurer(s)

NAME OF TREASURER

Greg Krikorian

MAILING ADDRESS

1807 W. Glenoaks Blvd.#205

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale CA 91201 818/240-7709

NAME OF ASSISTANT TREASURER, IF ANY

John Simpson, CPA

MAILING ADDRESS

1155 N. Central

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale CA 91202 818-956-1567

OPTIONAL FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this 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 2-22-07 Date

Executed on 2-22-07 Date

Executed on Date

Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Greg Krikorian				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Glendale City Council				
RESIDENT OR BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
1807 W. Glenoaks Blvd.	Glendale	CA	91201	

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
The Friends of Greg Krikorian	1287026		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
Greg Krikorian	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
1807 W. Glenoaks Blvd. # 205			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendale	CA	91201	818/240-7709
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD		
DISTRICT NO. IF ANY		

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Candidate Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>01/01/07</u>	CALIFORNIA FORM 460
through <u>02/17/07</u>	
Page <u>3</u> of <u>15</u>	
I.D. NUMBER #1287026	

SEE INSTRUCTIONS ON REVERSE
OF THIS FORM
Candidate Name
D. Britton

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
Individual Contributions Schedule A, Line 3	\$ <u>16,075</u>	\$ <u>16,075</u>
Other Contributions Received Schedule B, Line 3	<u>0</u>	<u>0</u>
TOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>16,075</u>	\$ <u>16,075</u>
Non-monetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>16,075</u>	\$ <u>16,075</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20 Contributions Received	\$ _____	\$ _____
21 Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
Contributions Made Schedule E, Line 4	\$ <u>10,863.82</u>	\$ <u>10,863.82</u>
Other Expenditures Made Schedule H, Line 3	<u>0</u>	<u>0</u>
TOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>10,863.82</u>	\$ <u>10,863.82</u>
Unaudited Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
Non-monetary Adjustment Schedule G, Line 3	<u>0</u>	<u>0</u>
TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>10,863.82</u>	\$ <u>10,863.82</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

1 Beginning Cash Balance Previous Summary Page, Line 1E	\$ <u>40,038.54</u>
2 Cash Receipts Column A, Line 3 above	<u>16,075.00</u>
3 Deposits Increases to Cash Schedule I, Line 4	<u>0</u>
4 Cash Payments Column A, Line 8 above	<u>10,863.82</u>
5 ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>45,249.72</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*If this is a termination statement, Line 16 must be zero.

6 **CASH GUARANTEES RECEIVED** Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

7 Cash Equivalents See instructions on reverse	\$ _____
8 Outstanding Debts Add Line 2 - Line 9 in Column B above	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

**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		CALIFORNIA FORM 460
from	01/01/07	
through	02/17/07	Page <u>4</u> of <u>15</u>

NAME OF FILER Greg Krikorian	I.D. NUMBER 1287026
---------------------------------	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/15/07	Pergentino & Norma Calica 3385 Oakmont View Drive Glendale CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
1/23/07	Arshagouhi Tavitian 345 Pioneer Drive No. 1804W Glendale CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
2/5/07	Matthew J. Geragos 350 S. Grand Ave. 39th Floor Los Angeles CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	500.00		
1/30/07	Hales, John 3726 Beechglen Dr. La Crescenta CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00		
1/19/07	Joe & Mary Ann Kroening 4243 Wiley Ln. Glendale CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Moving & Storage Owner	250.00		

SUBTOTAL \$ 1450

***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

**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>01/01/07</u> through <u>02/17/07</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>15</u>

NAME OF FILER Greg Krikorian	I.D. NUMBER 1287026
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/7/07	Nat Read 545 S. Figueroa St. #1032 Los Angeles CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	250.00		
2/5/07	Berj Boyajian 556 Chalette Drive Beverly Hills CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
2/6/07	Grigor Manasserian 614 Glenandale Ter. Glendale CA 91206-2703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA County Inspector	1000.00		
2/5/07	Vartan Hovsepian 6465 Langdon Ave Van Nuys CA 91406-6227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Accountant	250.00		
1/2/07	Mary L. Rhodes 801 E. Doran St. Glendale CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Florist	100.00		

SUBTOTAL \$ 1,700.00

*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

**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>01/01/07</u> through <u>02/17/07</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>15</u>

NAME OF FILER Greg Krikorian	I.D. NUMBER 1287026
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/07	Sunder & Mandy Ramani 4720 Alta Canyon La Canada Flintridge CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	250.00		
1/16/07	Charles J. Unger 4832 Viro Rd. La Canada Flintridge CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer	100.00		
2/5/07	Krikor Bezdikian 501 S. Plymouth Blvd. Los Angeles CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor	250.00		
1/13/07	Wendy C. Kazanjian / Kazanjian & Martinetti 520 E. Wilson Ave., Ste. 250 Glendale CA 91206	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer	100.00		
2/5/07	Ter Zakarian Medical Clinic and Laboratory Services Inc 5250 Santa Monica Blvd. #310 Los Angeles CA 90029	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		

SUBTOTAL \$ 1760

*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

**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		CALIFORNIA FORM 460
from	01/01/07	
through	02/17/07	Page <u>7</u> of <u>15</u>

NAME OF FILER Greg Krikorian	I.D. NUMBER 1287026
---------------------------------	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/08/2007	Stephen & Sandra Hampar The Hustle Factor 10247 Valley Spring Ln Toluca Lake CA 91602	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor	200.00		
1/30/2007	Edvin Minassian Tennenhouse & Minassian 1101 N. Pacific Ave St 200 Glendale CA 91202	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer	250.00		
2/07/2007	Georiga Insalaco 111 W. Randolph St. Glendale CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
1/08/07	Lorna & Ruby Vartanian 1146 N. Central Ave., #358 Glendale CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer	200.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 750.00

***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

**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		CALIFORNIA FORM 460
from	01/01/07	
through	02/17/07	Page <u>8</u> of <u>15</u>
NAME OF FILER Greg Krikorian		I.D. NUMBER 1287026

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/07	Alan & Arpie Zavian 12439 Ostego St. Valley Village CA 91607-3033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	500.00		
2/5/07	Tom Malkasian 145 Flowerfield Lane La Habra Heights CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker	500.00		
1/15/07	James & Janet Eddy 1562 Royal Blvd. Glendale CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
2/5/07	Ara Aghajanian 1610 Don Carlos Ave Glendale CA 91208-2008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO	1000.00		
1/22/07	Glendale Nissan 828 S. Brand Blvd. Glendale CA 91204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dealership	500.00		

SUBTOTAL \$ 2,600.00

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

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>01/01/07</u> through <u>02/17/07</u>		CALIFORNIA FORM 460
NAME OF FILER Greg Krikorian		I.D. NUMBER 1287026

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/07	John Asbed Tatoulian Haig Engineering & Construction Inc. 2500 E. Foothill Blvd. Suite 101 Pasadena CA 91107-3447	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer	500.00		
2/11/07	Ruby DeVera 910 Alegre Pl. Los Angeles CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clerk	100.00		
2/11/07	Al & Diane Cabracoff 8112 Stoneridge Drive Whittier CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate	500.00		
2/1/07	Don & Ann Pearson 2563 Gardner Place Glendale CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	100.00		
2/3/07	Frederick Danelian 7055 Foothill Blvd Tujunga CA 91042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Contractor	500.00		

SUBTOTAL \$ 1,760

***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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/07	
through	02/17/07	Page <u>10</u> of <u>15</u>

NAME OF FILER Greg Krikorian	I.D. NUMBER 1287026
---------------------------------	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/07	Grigorian Family Trust 1648 La Ramada Ave Arcadia CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00		
2/6/07	Jim & Karen Pagliuso 1661 Grandview Ave Glendale CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	100.00		
1/2/07	Sarkis Salamanyan Tchaikovsky Music School, Inc. 20265 Valley Blvd., Ste F. Walnut CA 91789	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Musician Business Owner	1500.00		
2/2/07	Steven Kamajian 2103 Montrose Suite E Montrose CA 91020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor	200.00		
2/5/07	Raffi Minasian 210 Flowerfield Lane La Habra Heights CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor	1000.00		

SUBTOTAL \$ 3,300

*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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/07</u> through <u>02/17/07</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>15</u>
	I.D. NUMBER 1287026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Greg Krikorian

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/07	Friends of Michael Agbaba 1616 N. Aron St. Burbank CA 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	200.00		
2/3/07	Shenk Developers 210 N. Central Ave # 225 Glendale CA 91203	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 450

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 13,650^{00/100}
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,425.00^{00/100}
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 16,075^{00/100}

*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

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/07</u> through <u>02/17/07</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>15</u>
	I.D. NUMBER #1287026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Greg Krikorian

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster 644 San Fernando Rd Glendale, CA 91201	POS		Postage	\$117.00
Office Depot 228 E. Burbank Blvd. Burbank, CA 91502	OFC		Supplies	\$266.28
US Postmaster 644 San Fernando Rd Glendale, CA 91201	POS		Postage	\$2,716.04
AMGA, Inc 1520 W. Glenoaks Blvd. Glendale, CA 91201	TEL		TV	\$525.00
Sevan Serafino 1641 Camulos Glendale, CA 91208	POL		Research	\$300.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3,924.32

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/07</u> through <u>02/17/07</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>15</u>
	I.D. NUMBER #1287026

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Greg Krikorian

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMF campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVD civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
F candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FE fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IO independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster 544 San Fernando Rd Glendale, CA 91201	POS		Postage	\$160.00
Alco Printing 3649 San Fernando Rd Glendale, CA 91204	LIT		Printing	\$1,136.63
Print-ON-All 6612 San Fernando Rd Glendale, CA 91201	LIT		Printing	\$243.56
Bldt Mailing 16103 Avenida Padilla Inwindale, CA 91702	LIT		Mailing	\$545.19
Sevaca Isayan PO Box 1648 Glendale, CA 91209	OFC		Phones	\$149.28

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,134.67

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period from <u>01/01/07</u> through <u>02/17/07</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>15</u>
	I.D. NUMBER #1287026

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Greg Krikorian

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CNB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHD phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Glendale 613 E. Broadway Glendale, CA 91206	FIL	Ballot Statement	\$1,500.00
Office Depot 223 E. Burbank Blvd. Burbank, CA 91502	OFC	Supplies	\$134.29
US Postmaster 644 San Fernando Rd Glendale, CA 91201	POS	Postage	\$312.00
Home Depot 1200 Flower Street Burbank, CA 91502	OFC	Supplies	\$262.38
Political DATA 825 S-Victory Blvd. Burbank, CA 91502	LIT	Mailing List	\$435.66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2654.33

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/07	
through	02/17/07	Page <u>15</u> of <u>15</u>
NAME OF CANDIDATE		I.D. NUMBER
Greg Krikorian		#1287026

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> IMP campaign paraphernalia/misc. CONS campaign consultants CTR contribution (explain nonmonetary)* CYC civic education F1 candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads | <ul style="list-style-type: none"> RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) |
|--|--|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Star Mailing 3050 Rosslyn Street Los Angeles, CA 90065	LIT	Mailing	\$1,366.00
Smart & Final 6625 San Fernando Rd Glendale, CA 91201	OFC	Supplies	\$122.38

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,488.³⁸

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>10,291.67</u>
2. Unitemized payments made this period of under \$100	\$	<u>572.15</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>10,863.82</u>