

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

Filed Date: 04/01/2015 04:13 PM  
SAN: 091300034-STH-0034

Please type or print in ink.

NAME OF FILER (LAST) Sinanyan (FIRST) Zareh (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City Council

Division, Board, Department, District, if applicable

Your Position

Mayer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Glendale

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

-or- The period covered is 07 / 01 / 2014 through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. [Redacted]

Date Signed 04/01/2015 04:13 PM  
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
EXPANDED STATEMENT LIST

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Zareh Sinanyan</u>
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Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
City Council	Council Member	City of Glendale	Annual	01/01/14 - 06/30/14

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Zareh Sinanyan</u>

▶ NAME OF BUSINESS ENTITY  
NORTHWEST MUTUAL IRA ACCOUNT

GENERAL DESCRIPTION OF THIS BUSINESS  
IRA ACCOUNT

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other MUTUAL FUNDS  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
NORTHWEST MUTUAL LIFE INSURANCE POLICY

GENERAL DESCRIPTION OF THIS BUSINESS  
WHOLE/TERM LIFE INSURANCE POLICY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other WHOLE/TERM LIFE INSURANCE  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

Name  
 Zareh Sinanyan

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Jones Day

ADDRESS (Business Address Acceptable)  
555 South Flower St., 50th Floor, LA, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal Services

YOUR BUSINESS POSITION  
(Spouse) Of Counsel

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Law Offices of Zareh J. Sinanyan

ADDRESS (Business Address Acceptable)  
431 N. Brand Blvd., Suite 203, Glendale, CA 91203

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal Services

YOUR BUSINESS POSITION  
Principal

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name

Zareh Sinanyan

▶ NAME OF SOURCE (Not an Acronym)  
Glendale Memorial Hospital  
 ADDRESS (Business Address Acceptable)  
1420 South Central Avenue, Glendale, CA 91204  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 05 / 14</u>	<u>\$ 200</u>	<u>Ticket to Fundraiser</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Armenian American Medical Society  
 ADDRESS (Business Address Acceptable)  
P.O. Box 32 Glendale, CA 91209  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501C3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 14</u>	<u>\$ 200</u>	<u>Gala Tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
NASA Services, Inc.  
 ADDRESS (Business Address Acceptable)  
1100 S. Maple ave., Montebello, CA 90640  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Trash Hauling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 02 / 14</u>	<u>\$ 125</u>	<u>Charity Golf Game</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 Zareh Sinanyan

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 Glendale - Korea Sister City Association

ADDRESS (Business Address Acceptable)  
 Guncheong-gil, Boeun-eup, Boeun-gun

CITY AND STATE  
 Chungcheongbuk-do 376-701, S. Korea

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Glendale-S. Korea Sister City Association

DATE(S): 11 / 13 / 14 - 11 / 24 / 14 AMT: \$ 1500  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 Lodging and food during Sister City visit to S. Korea

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_

Filed Date: 04/01/2015 04:54 PM  
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**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)

Armenian American Medical Society

ADDRESS (Business Address Acceptable)

P.O. Box 32, Glendale, CA 91209

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501 C-3

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

05 / 03 / 14 \$ 110 Annual Gala

/ /  \$

/ /  \$

▶ NAME OF SOURCE (Not an Acronym)

Rick Caruso and Michael Mina - Bourbon Steak

ADDRESS (Business Address Acceptable)

237 S. Brand Blvd., Glendale, CA 91210

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Restaurant

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

04 / 02 / 14 \$ 100 Restaurant Opening

/ /  \$

/ /  \$

▶ NAME OF SOURCE (Not an Acronym)

Glendale Memorial Hospital and Health Center

ADDRESS (Business Address Acceptable)

1420 S. Central Ave. Glendale, CA 91204

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospital

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10 / 05 / 14 \$ 400 Fundraiser

/ /  \$

/ /  \$

▶ NAME OF SOURCE (Not an Acronym)

ANCA WR Annual Gala Banquet

ADDRESS (Business Address Acceptable)

9876 Wilshire Blvd., Beverly Hills, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501 C-3

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 02 / 14 \$ 120 Gala Fundraiser

/ /  \$

/ /  \$

▶ NAME OF SOURCE (Not an Acronym)

NASA Services

ADDRESS (Business Address Acceptable)

1100 S. Maple Ave., Montebello CA 90640

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trash Haulers

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

07 / 02 / 14 \$ 125 Charity Golf Game

/ /  \$

/ /  \$

**Filer's Verification**

[Redacted Signature Area]

Date Signed 04/01/2015 04:54 PM

Comments: \_\_\_\_\_