

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)
1576673

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

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2024 JAN 29 PM 3:31
CAMPAIGN FINANCE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only
019041
C09597

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	Date of election if applicable: (Month, Day, Year)
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5) <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6) <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
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2. Type of Statement:

<input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below)	<input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
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3. Committee Information

I.D. NUMBER
1355555

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dr. Armina Gharpetian for Glendale School Board District C 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Glendale</u>	<u>CA</u>	<u>91205</u>	<u>(818) 257-0387</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
drarmina@yahoo.com

Treasurer(s)

NAME OF TREASURER
Armina Gharpetian

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Glendale</u>	<u>CA</u>	<u>91205</u>	<u>(818) 257-0387</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
drarmina@yahoo.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and it is true and complete. I certify

Executed on 01/23/2024 By _____

Executed on 01/23/2024 By _____

Executed on _____ By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Dr. Armina Gharpetian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Board of Education District C

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Glendale CA 91205

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
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

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
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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
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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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through		Page <u>3</u> of <u>6</u>
		I.D. NUMBER 1355555

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Armina Gharpetian for Glendale School Board District C 2022

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 3	\$ -4,840.76	\$ 17,959.24
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ -4,840.76	\$ 17,959.24
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ -4,840.76	\$ 17,959.24

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 0.00	\$ 95.29
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0.00	\$ 95.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0.00	\$ 95.29

**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

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 4,840.76
13. Cash Receipts	Column A, Line 3 above	\$ -4,840.76
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 17,959.24

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).

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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>4</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Dr. Armina Gharpetian for Glendale School Board District C 2022		1355555

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Armina Gharpetian Glendale, CA 91205	Dr. Armina Gharpetian, Dentist	\$ 10,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00	_____% RATE \$ 0.00	\$ 10,000.00	CALENDAR YEAR \$ -3,300.00 PER ELECTION** 03/27/2013 DATE INCURRED \$ G2013 15,800.00
Armina Gharpetian Glendale, CA 91205	Dr. Armina Gharpetian, Dentist	\$ 3,000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 3,000.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	_____% RATE \$ 0.00	\$ 3,000.00	CALENDAR YEAR \$ -3,300.00 PER ELECTION** 04/04/2013 DATE INCURRED \$ G2013 15,800.00
Armina Gharpetian Glendale, CA 91205	Dr. Armina Gharpetian, Dentist	\$ 300.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 300.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	_____% RATE \$ 0.00	\$ 300.00	CALENDAR YEAR \$ -3,300.00 PER ELECTION** 04/25/2013 DATE INCURRED \$ G2013 15,800.00
SUBTOTALS \$			0.00 \$	3,300.00 \$	10,000.00 \$	0.00		

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 4,840.76
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ -4,840.76**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

(Enter (e) on
Schedule E, Line 3)

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Dr. Armina Gharpetian for Glendale School Board District C 2022	I.D. NUMBER 1355555
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dr. Armina Gharpetian Glendale, CA 91205	Dentist Dr. Armina Gharpetian, DDS	\$ 300.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 300.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	_____% RATE \$ 0.00	\$ 300.00	CALENDAR YEAR \$ -500.00 PER ELECTION** \$ 200.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		05/01/2013 DATE INCURRED	
Dr. Armina Gharpetian Glendale, CA 91205	Dentist Dr. Armina Gharpetian, DDS	\$ 200.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 200.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	_____% RATE \$ 0.00	\$ 200.00	CALENDAR YEAR \$ -500.00 PER ELECTION** \$ 200.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		05/28/2013 DATE INCURRED	
Armina Gharpetian Glendale, CA 91205	Dentist Dr. Armina Gharpetian, DDS	\$ 3,000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 1,040.76 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,959.24	_____% RATE \$ 0.00	\$ 3,000.00	CALENDAR YEAR \$ -1,040.76 PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		05/27/2022 DATE INCURRED	
Armina Gharpetian Glendale, CA 91205	Dentist Dr. Armina Gharpetian, DDS	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00	_____% RATE \$ 0.00	\$ 3,000.00	CALENDAR YEAR \$ -1,040.76 PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		06/02/2022 DATE INCURRED	
SUBTOTALS \$			0.00 \$	1,540.76 \$	4,959.24 \$	0.00		

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>6</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Dr. Armina Gharpetian for Glendale School Board District C 2022	I.D. NUMBER 1355555
--	------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Armina Gharpetian Glendale, CA 91205	Dentist Dr. Armina Gharpetian, DDS	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00	_____% RATE \$ 0.00	\$ 3,000.00 06/17/2022 DATE INCURRED	CALENDAR YEAR \$ -1,040.76 PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
SUBTOTALS \$			0.00 \$	0.00 \$	3,000.00 \$	0.00		

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†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

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination – See Part 5

Date of termination

12 / 27 / 2023

Date Stamp

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LOS ANGELES COUNTY

2024 JAN 29 PM 3:31

CAMPAIGN FINANCE

**CALIFORNIA
FORM 410**

For Official Use Only

019041

09597

1. Committee Information				I.D. Number 1355555 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE								NAME OF TREASURER							
Dr. Armina Gharpetian for Glendale School Board District C 2022								Armina Gharpetian							
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE	
								Glendale		CA		91206			
STREET ADDRESS (NO P.O. BOX)								EMAIL ADDRESS OF TREASURER (REQUIRED)							
								drarina@gmail.com							
CITY								NAME OF ASSISTANT TREASURER, IF ANY							
Glendale		STATE		ZIP CODE		AREA CODE/PHONE									
CA		91205		8182570387											
FULL MAILING ADDRESS (IF DIFFERENT)								STREET ADDRESS (NO P.O. BOX)							
								CITY							
								STATE							
								ZIP CODE							
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)								EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)							
drarina@gmail.com								AREA CODE/PHONE							
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)							
Los Angeles															
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)							
								CITY							
								STATE							
								ZIP CODE							
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)								EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)							
								AREA CODE/PHONE							
Attach additional information on appropriately labeled continuation sheets.															

3. Verification

I have used all reasonable diligence in preparing this statement and certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 12/27/2023 By _____
DATE

Executed on 12/27/2023 By _____
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

4. Type of Committee *(Continued)*

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Dr. Armina Gharpetian for Glendale School Board District C 2022	I.D. NUMBER 1355555
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wells Fargo Bank	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY Glendale	STATE CA	ZIP CODE 91203

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE