

034071

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)  
1027910

Type or print in ink.

COVER PAGE

|                                   |  |
|-----------------------------------|--|
| CITY CLERK<br>2014 OCT 24 PM 12:2 | CALIFORNIA FORM <b>460</b>                         |
|                                   | Page <u>1</u> of <u>5</u><br>For Official Use Only |

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/2013</u><br>through <u>12/31/2013</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>04/02/2013</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

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

*Schl:Bs Add Occupation & employer*

**3. Committee Information**

I.D. NUMBER: 1355555

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Dr. Armina Gharpetian for Glendale School Board 2013

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Glendale CA 91205 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Armina Gharpetian

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Glendale CA 91205 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**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 <u>10/13/2014</u><br>Date | By <u>Armina Gharpetian</u><br>Signature of Treasurer or Assistant Treasurer   |
| Executed on <u>10/13/2014</u><br>Date | By <u>Armina Gharpetian</u><br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date             | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent  |
| Executed on _____<br>Date             | By _____<br>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**

Page 2 of 5

**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)

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY     | STATE | ZIP   |
|---|----------|-------|-------|
| [REDACTED]                                    | 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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

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

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2013</u><br>through <u>12/31/2013</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>3</u> of <u>5</u>  | I.D. NUMBER<br><u>1355555</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Armina Gharpetian for Glendale School Board 2013

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>0.00</u>   | \$ <u>19,424.00</u>                        |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0.00</u>  | <u>16,300.00</u>                           |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0.00</u>   | \$ <u>35,724.00</u>                        |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0.00</u>  | <u>1,155.00</u>                            |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0.00</u>   | \$ <u>36,879.00</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>0.00</u>   | \$ <u>33,415.62</u>                        |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0.00</u>  | <u>0.00</u>                                |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>0.00</u>   | \$ <u>33,415.62</u>                        |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0.00</u>  | <u>1,155.00</u>                            |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>0.00</u>   | \$ <u>34,570.62</u>                        |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| <u>  /  /  </u>                | \$ _____      |
| <u>  /  /  </u>                | \$ _____      |

**Current Cash Statement**

|   |                    |
|---|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>2,330.51</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>0.00</u>        |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0.00</u>        |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>0.00</u>        |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>2,330.51</u> |

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

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

**Cash Equivalents and Outstanding Debts**

|   |                     |
|---|---------------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u>      |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>16,300.00</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).

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

**Schedule B – Part 1  
Loans Received**

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

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2013</u><br>through <u>12/31/2013</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>5</u>  |
| I.D. NUMBER<br>1355555   |                            |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Dr. Armina Gharpetian for Glendale School Board 2013

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE             |
|---|---|--|------------------------------------|--|--|----------------------------------|--------------------------------|---|
| Armina Gharpetian<br>Glendale, CA 91205   | Armina Gharpetian<br>DDS<br>Dentist/self-employed   | \$ 2,500.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 2,500.00  | _____%<br>RATE<br>\$ 0.00        | \$ 2,500.00                    | \$ 15,800.00<br>PER ELECTION**<br>\$ 2013 15,800.00 |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    |  | DATE DUE   | DATE INCURRED                    |                                |   |
| Armina Gharpetian<br>Glendale, CA 91205   | Armina Gharpetian<br>DDS<br>Dentist, self-employed  | \$ 10,000.00                                     | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 10,000.00                                       | _____%<br>RATE<br>\$ 0.00        | \$ 10,000.00                   | \$ 15,800.00<br>PER ELECTION**<br>\$ 2013 15,800.00 |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    |  | DATE DUE   | DATE INCURRED                    |                                |   |
| Armina Gharpetian<br>Glendale, CA 91205   | Armina Gharpetian<br>DDS<br>Dentist, self-employed  | \$ 3,000.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 3,000.00  | _____%<br>RATE<br>\$ 0.00        | \$ 3,000.00                    | \$ 15,800.00<br>PER ELECTION**<br>\$ 2013 15,800.00 |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    |  | DATE DUE   | DATE INCURRED                    |                                |   |
| <b>SUBTOTALS \$</b>   |   | <b>0.00 \$</b>                                   | <b>0.00 \$</b>                     | <b>0.00 \$</b>   | <b>15,500.00 \$</b>                                | <b>0.00</b>                      |                                |   |

**Schedule B Summary**

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

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

†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**

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

|  |                              |
|--|------------------------------|
| Statement covers period<br>from <u>07/01/2013</u><br>through <u>12/31/2013</u> | <b>CALIFORNIA FORM 460</b>   |
|  | Page <u>5</u> of <u>5</u>    |
|  | I.D. NUMBER<br><u>135555</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Armina Gharpetian for Glendale School Board 2013

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN           | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                              |
|--|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Armina Gharpetian<br>Glendale, CA 91205  | <i>Dentist</i><br>Dr. Armina Gharpetian, DDS  | \$ 300.00  | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 300.00  | %<br>RATE<br>\$ 0.00             | \$ 300.00<br>04/25/2013<br>DATE INCURRED | CALENDAR YEAR<br>\$ 15,800.00<br>PER ELECTION**<br>\$ 2013 15,800.00 |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC<br>Dr. Armina Gharpetian<br>Glendale, CA 91205 | Dentist<br>Dr. Armina Gharpetian, DDS   | \$ 300.00  | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 300.00  | %<br>RATE<br>\$ 0.00             | \$ 300.00<br>05/01/2013<br>DATE INCURRED | CALENDAR YEAR<br>\$ 500.00<br>PER ELECTION**<br>\$ 2013 200.00       |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC<br>Dr. Armina Gharpetian<br>Glendale, CA 91205 | Dentist<br>Dr. Armina Gharpetian, DDS   | \$ 200.00  | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 200.00  | %<br>RATE<br>\$ 0.00             | \$ 200.00<br>05/28/2013<br>DATE INCURRED | CALENDAR YEAR<br>\$ 500.00<br>PER ELECTION**<br>\$ 2013 200.00       |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | \$   | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                      | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                          |
| <b>SUBTOTALS \$</b>  |   | <b>0.00 \$</b>                                   | <b>0.00 \$</b>                     | <b>0.00 \$</b>   | <b>800.00 \$</b>                                   | <b>0.00</b>                      |  |  |

\*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