

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

Date Stamp

CALIFORNIA FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 01/01/2012
 through 06/30/2012

Date of election if applicable:
(Month, Day, Year)

CITY CLERK
2012 JUL 31 PM 2:13

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For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1324265

COMMITTEE NAME
GLENDALE TEACHERS PUBLIC EDUCATION IMPROVEMENT FUND

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GLENDALE	CA	91208	[REDACTED]

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

Treasurer(s)

NAME OF TREASURER

TALINE ARSENIAN

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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GLENDALE	CA	91208	[REDACTED]
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 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 07/30/2012
DATE

By Taline Arsenian
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	01/01/2012	
through	06/30/2012	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER
GLENDALE TEACHERS PUBLIC EDUCATION IMPROVEMENT FUND		1324265

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	0
2. Expenditures under \$100 made this period (Not itemized.)		0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		0
4. Nonmonetary Adjustment		0
5. Total expenditures made from previous statement		0
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE		0

Contributions Received

7. Monetary contributions received this period	\$	19,419
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement		0
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		19,419

Current Cash Statement

11. Beginning cash balance		27,969
12. Cash receipts this period		19,419
13. Miscellaneous increases to cash		0
14. Cash expenditures this period		0
15. ENDING CASH BALANCE THIS PERIOD		47,388