

**Recipient Committee  
Campaign Statement – Short Form**

Type or print in ink.

CITY CLERK <sup>Temp</sup>

SHORT FORM

CALIFORNIA FORM **450**

2013 FEB 21 PM 2:05

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period  
from JAN. 9 - 2013  
through FEBRUARY 19, 2013

Date of election if applicable:  
(Month, Day, Year)  
4/2/2013

Page 1 of 3  
For Official Use Only

**1. Type of Recipient Committee:**

- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- General Purpose Committee
  - Sponsored
  - Broad Based
- 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  
13143838

COMMITTEE NAME  
ARAM KAZAZIAN FOR GLENDALE CITY COUNCIL.

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

CITY STATE ZIP CODE AREA CODE/PHONE  
GLENDALE CA 91203 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
ARAM KAZAZIAN

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
GLENDALE, CA 91203 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 2/19/2013  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER, OR ASSISTANT TREASURER

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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<br>from <u>1/4/2013</u><br>through <u>1/19/2013</u> | <b>CALIFORNIA<br/>FORM 450</b> |
|   | Page <u>2</u> of <u>3</u>      |
| I.D. NUMBER<br><u>13143838</u>  |                                |

NAME OF COMMITTEE  
ARAM KAZAZIAN FOR CITY COUNCIL

**Expenditures Made**

- |  |                               |              |
|--|-------------------------------|--------------|
| 1. Expenditures of \$100 or more made this period .....                    | \$                            | <u>17</u>    |
| 2. Expenditures under \$100 made this period (Not itemized.) .....         |                               | <u>17</u>    |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....                            | Add Lines 1 + 2               | \$ <u>17</u> |
| 4. Nonmonetary Adjustment .....  | From Line 8 Below             | <u>0</u>     |
| 5. Total expenditures made from previous statement .....                   | Previous Summary Page, Line 6 | \$ <u>0</u>  |
| <i>(If this is the first statement for the calendar year, enter zero.)</i> |                               |              |
| 6. TOTAL EXPENDITURES MADE TO DATE .....                                   | Add Lines 3 + 4 + 5           | \$ <u>17</u> |

**Contributions Received**

- |  |                                |               |
|--|--------------------------------|---------------|
| 7. Monetary contributions received this period .....                       | \$                             | <u>100</u>    |
| 8. Non-monetary contributions received this period .....                   |                                | <u>0</u>      |
| 9. Total contributions received from previous statement .....              | Previous Summary Page, Line 10 | \$ <u>0</u>   |
| <i>(If this is the first statement for the calendar year, enter zero.)</i> |                                |               |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....                             | Add Lines 7 + 8 + 9            | \$ <u>100</u> |

**Current Cash Statement**

- |   |   |               |
|---|---|---------------|
| 11. Beginning cash balance .....          | Previous Summary Page, Line 15                | \$ <u>100</u> |
| 12. Cash receipts this period .....       | Line 7 above                                  | <u>0</u>      |
| 13. Miscellaneous increases to cash ..... |   | \$ <u>-</u>   |
| 14. Cash expenditures this period .....   | Line 3 above                                  | <u>83</u>     |
| 15. ENDING CASH BALANCE THIS PERIOD ..... | Add Lines 11 + 12 + 13, then subtract Line 14 | \$ <u>17</u>  |

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from 1/4/2013  
through 2/19/2013

SHORT FORM

**CALIFORNIA FORM 450**

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I.D. NUMBER  
1314383

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NAME OF COMMITTEE

ARAM KAZAZIAN FOR CITY COUNCIL

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

| DATE*              | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT | NAME OF CANDIDATE AND OFFICE OR<br>NAME OF BALLOT MEASURE AND<br>BALLOT NUMBER OR LETTER<br>AND JURISDICTION                                 | AMOUNT<br>THIS PERIOD | CUMULATIVE<br>AMOUNTS TO DATE*                 |
|--------------------|---|------------------------|--|-----------------------|--|
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | Calendar Year<br>\$ _____<br>Other<br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | Calendar Year<br>\$ _____<br>Other<br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | Calendar Year<br>\$ _____<br>Other<br>\$ _____ |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       | Calendar Year<br>\$ _____<br>Other<br>\$ _____ |
| <b>SUBTOTAL \$</b> |   |                        |  |                       |  |

\* Required only for payments which are contributions or independent expenditures.