

City Copy

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)
1027899

Type or print in ink.

CITY CLERK 2014 OCT 24 PM 12:25	CALIFORNIA FORM 460
	Page <u>1</u> of <u>10</u> For Official Use Only

Statement covers period from <u>01/01/2013</u> through <u>02/16/2013</u>	Date of election if applicable: (Month, Day, Year) <u>04/02/2013</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

*Schedule A: Add contribution 9/31/2013 \$150-
*Schedule B: loan received 2/15/13 \$2000 *Schedule C Add 01/30/13 \$500

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
<u>Glendale</u>	<u>CA</u>	<u>91205</u>	[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
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Armina Gharpetian

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Glendale</u>	<u>CA</u>	<u>91205</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

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 10/13/2014
Date

Executed on 10/13/2014
Date

Executed on _____
Date

Executed on _____
Date

By Armina Gharpetian
Signature of Treasurer or Assistant Treasurer

By Armina Gharpetian
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
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 10

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?
 YES 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?
 YES 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 SUPPORT 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 SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Armina Gharpetian for Glendale School Board 2013

Statement covers period from <u>01/01/2013</u> through <u>02/16/2013</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>10</u>
	I.D. NUMBER <u>1355555</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>8,595.00</u>	\$ <u>8,595.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>4,500.00</u>	<u>4,500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>13,095.00</u>	\$ <u>13,095.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>1,155.00</u>	<u>1,155.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>14,250.00</u>	\$ <u>14,250.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>2,300.84</u>	\$ <u>2,300.84</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>2,300.84</u>	\$ <u>2,300.84</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>1,155.00</u>	<u>1,155.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>3,455.84</u>	\$ <u>3,455.84</u>

**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 <i>Previous Summary Page, Line 16</i>	\$ <u>0.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>13,095.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>2,300.84</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>10,794.16</u>

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

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 2* \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>4,500.00</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 A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2013</u>		
through <u>02/16/2013</u>		Page <u>4</u> of <u>10</u>
NAME OF FILER Dr. Armina Gharpetian for Glendale School Board 2013		I.D. NUMBER 1355555

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/31/2013	Adrineh Gharapetian Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Hi Tech Accounting	150.00	150.00	
02/09/2013	Artak Daldumyan Burbank, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor World Financial Group	750.00	750.00	
02/09/2013	Dr. Missagh Pezeshkian Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Arcadia Advanced Dentistry	500.00	500.00	
02/10/2013	Hamid Abrari Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Abrari and Associates	200.00	200.00	
02/10/2013	Roza Aidie Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dental Hygeniest Dental Plus	300.00	300.00	
SUBTOTAL \$				1,900.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,450.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 145.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8,595.00

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2013	
through	02/16/2013	Page <u>5</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Dr. Armina Gharpetian for Glendale School Board 2013		1355555

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/10/2013	Artur Ambarachyan Glendale, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker National Properties Inc	600.00	600.00	
02/10/2013	Armen Dovlatian Glendale, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Armen Dovlatian Law Offices	500.00	500.00	
02/10/2013	Dr. Arbi Ghazarian Tujunga, CA 91042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Arbi Ghazarian, MD., Inc.	100.00	100.00	
02/10/2013	Chenar Honarchian Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	
02/11/2013	Alissa Assmarian Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/Caterer Favorite Place	100.00	100.00	
SUBTOTAL \$				1,800.00		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2013	
through	02/16/2013	Page <u>6</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Dr. Armina Gharpetian for Glendale School Board 2013		1355555

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/12/2013	Vahan Aladadi Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Glendale West Pharmacy	1,000.00	1,000.00	
02/12/2013	Malekset Allahdadi Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Store Manager Glendale West Pharmacy	500.00	500.00	
02/12/2013	Gevork Daldumyan Glendale, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor World Financial Group	250.00	250.00	
02/12/2013	Garo Nazarian Burbank, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Domus Design	1,000.00	1,000.00	
02/12/2013	Goar Nersesyan Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Life agent WRL	250.00	250.00	
SUBTOTAL \$				3,000.00		

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2013	
through	02/16/2013	Page <u>7</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Dr. Armina Gharpetian for Glendale School Board 2013		1355555

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/14/2013	Irene Ovanessian Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife Retired	500.00	500.00	
02/14/2013	San Fernando Valley Dental Society (ID# Pending) Woodland Hills, CA 91367	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
02/15/2013	Dr. Adrina Ovanessian Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Optometrist Verdugo Optometry	1,000.00	1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,750.00		

*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
Loans Received**

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

Statement covers period
from 01/01/2013
through 02/16/2013

CALIFORNIA FORM 460

Page 8 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Armina Gharpetian for Glendale School Board 2013

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	Armina Gharpetian, DDS Dentist self employed	\$ 0.00	\$ 2,500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,500.00	_____% RATE \$ 0.00	\$ 2,500.00	\$ 4,500.00 CALENDAR YEAR PER ELECTION**
<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	02/12/2013	\$
Armina Gharpetian Glendale, CA 91205	Armina Gharpetian, DDS Dentist self employed	\$ 0.00	\$ 2,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00	_____% RATE \$ 0.00	\$ 2,000.00	\$ 4,500.00 CALENDAR YEAR PER ELECTION**
<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	02/15/2013	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE \$ _____	\$ _____	\$ _____ 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	DATE INCURRED		\$ _____
SUBTOTALS \$		4,500.00	\$	0.00	\$	4,500.00	\$	0.00

Schedule B Summary

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

- Loans received this period \$ 4,500.00
(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 \$** 4,500.00
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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	01/01/2013	
through	02/16/2013	Page <u>9</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Dr. Armina Gharpetian for Glendale School Board 2013		1355555

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Armina Gharpetian for Glendale School Board 2013

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/30/2013	Glendale Commercial, INC Glendale, CA 91206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Lawn Signs	500.00	1,155.00	
02/08/2013	Glendale Commercial, INC Glendale, CA 91206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Lawn Signs and envelopes	655.00	1,155.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,155.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 1,155.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$ 1,155.00

***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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2013	
through	02/16/2013	Page <u>10</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Dr. Armina Gharpetian for Glendale School Board 2013		1355555

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AABC TV Glendale, CA 91201	TEL	TV ads and programs	2,000.00
Cony Network Glendale, CA 91208	LIT	Prints/banner/business cards	300.84

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,300.84

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,300.84
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2,300.84

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)