

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 Date qualified as committee 08 / 08 / 2016 Date qualified as committee (if applicable) # _____
 Date of Termination # _____

RECEIVED
AUG - 8 2016
TOWN OF LOS ALTOS HILLS

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p>NAME OF COMMITTEE Kiremidjian for Council Member 2016 Kiremidjian for Council Member 2016</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Los Altos Hills CA 94022</p> <p>MAILING ADDRESS (IF DIFFERENT) _____</p> <p>FAX / E-MAIL ADDRESS _____</p> <p>COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Clara Los Altos Hills</p>	<p>NAME OF TREASURER Garo K. Kiremidjian</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE CA 94022</p> <p>NAME OF ASSISTANT TREASURER, IF ANY _____</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE _____</p> <p>NAME OF PRINCIPAL OFFICER(S) _____</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE _____</p>

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 08/08/2016 By C. K. Kiremidjian
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/08/2016 By C. K. Kiremidjian
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME
Kiremidjian for Council Member 2016

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Boston Private Bank	AREA CODE/PHONE (650)917-4600	BANK ACCOUNT NUMBER
ADDRESS 345 S San Antonio Rd	CITY Los Altos	STATE ZIP CODE CA 94022

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."
- 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
Garo K. Kiremidjian	City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>