

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

08 / 08 / 2016
Date qualified as committee

____ / ____ / ____
Date qualified as committee
(if applicable)

____ / ____ / ____
Date of Termination

1388412

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 09 2016

CALIFORNIA FORM 410
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AUG 30 2016

TOWN OF LOS ALTOS HILLS

1. Committee Information

NAME OF COMMITTEE

Kiremidjian for Council Member 2016
Kiremidjian for Council Member 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Los Altos Hills CA 94022
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

| | |
|--------------------|--|
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
| Santa Clara | Los Altos Hills |

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Garo K. Kiremidjian

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
CA 94022

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Kiremidjian for Council Member 2016

I.D. NUMBER

- 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 CA | ZIP CODE 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"/> |