

**Statement of Organization Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**Statement Type**

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

Termination - See Part 5

List I.D. number:

# 1313677

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

05 / 05 / 09  
Date of Termination

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CITY OF PASADENA

CALIFORNIA FORM 410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Ciran Hadjian for Pasadena City Council

STREET ADDRESS (NO P.O. BOX)

1630 San Pasqual Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626 793-6276

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Mark Tufenkjian

STREET ADDRESS (NO P.O. BOX)

1630 San Pasqual St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626 793-6276

NAME OF ASSISTANT TREASURER, IF ANY

Ciran Hadjian

STREET ADDRESS (NO P.O. BOX)

1630 San Pasqual St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91106	626 793-6276

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

**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 8/2/05 DATE

Executed on 8/2/09 DATE

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

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

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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