

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

7/22/22 (1)

SHORT FORM

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 470 For Official Use Only
		2022 JUL 25 PM 3:38 CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ARMINE HACOPIAN

STREET ADDRESS

CITY

GLENDALE

AREA CODE/DAYTIME PHONE NUMBER

818-543-7232

STATE

CA

ZIP CODE

91207

OPTIONAL: FAX / E-MAIL ADDRESS

HacopianForGCC@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

TRUSTEE, GLENDALE COMMUNITY COLLEGE BOARD

JURISDICTION (LOCATION)

PORTION OF L.A. COUNTY

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I declare that the foregoing is true and correct.

Executed on 7/21/2022
DATE

By _____
OFFICEHOLDER OR CANDIDATE