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CAMPAIGN FINANCE

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
			For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Armine Pogosyan

STREET ADDRESS

CITY Glendale CA STATE CA ZIP CODE 91203

AREA CODE/DAYTIME PHONE NUMBER 310.721.1117 OPTIONAL: FAX / E-MAIL ADDRESS armine.pogosyan@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
ECC Board of Trustees

JURISDICTION (LOCATION)
Glendale, CA

DISTRICT NUMBER
(IF APPLICABLE) 5

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of 1

Executed on 1/31/2024 DATE

B

SIGNATURE OF OFFICEHOLDER OR CANDIDATE