

Officeholder and Candidate
Campaign Statement –
Short Form

5721

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY ① 5/14/21 2021 MAY -6 PM 2:21 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 013817
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ARMINE HACOPIAN

STREET ADDRESS

CITY STATE ZIP CODE
GLENDALE CA 91207

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-543-7232 HacopianForGCC@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
TRUSTEE, GLENDALE COMMUNITY COLLEGE BOARD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
PORTION OF L.A. COUNTY

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 \$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 the State of California that the foregoing is true and correct.

Executed on 4 MAY 2021 DATE

By _____

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