

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 |
|---|--|---|--|

1. Statement Covers Calendar Year 20 ²¹ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ARMINE HACOPIAN

STREET ADDRESS

CITY

GLENDAL

AREA CODE/DAYTIME PHONE NUMBER

818-543-7232

STATE

CA

ZIP CODE

91207

OPTIONAL: FAX / E-MAIL ADDRESS

HacopianForGCC@aol.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 \$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

DATE

By