

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

*SM*

3773

|   |   |
|---|---|
| Date of election if applicable:<br>(Month, Day, Year) | <input type="checkbox"/> <b>Amendment</b> (Explain Below) |
|   |   |

|   |   |
|---|---|
| Date Stamp<br>RECEIVED<br>LOS ANGELES COUNTY<br>NO POSTMARK<br>MAY 30 PM 2:58<br>CAMPAIGN FINANCE<br>DISCLOSURE SECTION | CALIFORNIA<br>FORM <b>470</b><br>For Official Use Only<br><b>013817</b> |
|---|---|

1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

ARMINE HACOPIAN

TRUSTEE GLENDALE COMMUNITY COLLEGE BOARD

STREET ADDRESS

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

PORTION OF L.A. COUNTY

CITY STATE ZIP CODE

GLENDALE CA 91207

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

818-543-7232 HacopianForGCC@gmail.com

**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 5/23/2023 DATE

By \_\_\_\_\_

*SS*