

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

7/26/21 (1) 21

Date of election if applicable:
(Month, Day, Year)

NA

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA
FORM
470
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Greg Krikorian

STREET ADDRESS

CITY STATE ZIP CODE
Glendale CA 91201

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/ E-MAIL ADDRESS
818-903-6100

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Glendale Unified School District District B

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

I have used

Executed on July 23, 2021
DATE

dc