

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

Date of election if applicable: (Month, Day, Year)  _____ _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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Date Stamp  RECEIVED LOS ANGELES 2024 JUL 24 CAMPAIGN FINANCE	<table border="1"> <tr> <td style="text-align: right;"><b>CALIFORNIA</b></td> <td style="text-align: right;"><b>470</b></td> </tr> <tr> <td style="text-align: center;">FORM</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">For Official Use Only</td> </tr> <tr> <td style="text-align: right;">AM 11:20</td> <td></td> </tr> </table>	<b>CALIFORNIA</b>	<b>470</b>	FORM		For Official Use Only		AM 11:20	
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**1. Statement Covers Calendar Year 20** 24

**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
818-281-1611		HacopianForGCC@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD	
TRUSTEE GLENDALE COMMUNITY COLLEGE BOARD	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
PORTION OF LA 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 7/20/2024  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE