Ca	mpaign Statement –					Date Stamp CALIFORNIA 470		
Sh	ort Form	Date of el	Date of election if applicable: (Month, Day, Year)		ndment (Explain Balow)	For Official Use Only		
		NA					9:11 013808-1	
1. Statement Covers Calendar Year 20 22 .							美國研究	
2.	Officeholder or Candidate Information				3. Office Sought or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD			
	GREGORY S KRIKORIAN				Member, Board of Education District B			
	STREET ADDRESS				JURISDICTION (LOCATION) LA County and Glendale	DISTRICT NUMBER (IF APPLICABLE) GUSD		
	CITY	STATE	ZIP CODE					
4.	Glendale AREA CODE/DAYTIME PHONE NUMBER	CA	91201 FAX / E-MAIL ADDRESS					
	Committee Information List all committees of which you have knowledge Committee NAME AND I.D. NUMBER	arily formed to rec		utions or to make expenditure	s on behalf of your candidacy. NAME OF TREASURER			
	KRIKORIAN FOR CITY CLERK 2022 ID # 1443951		Glendale, CA 91207		Yvette Vartanian Davis			
5.	Verification							
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I vall reasonable diligence in preparing this statement. I certify under penalty of perjury			receive less t der the laws o	han \$ of the		d that I have used	
	Executed on MAY 17, 2	022			Ву			
							lement (Jan/2016 ov (866/275-3772	

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