

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

(Government Code Section 84206)

Type or print in ink.

Date of election if applicable: (Month, Day, Year) <u>2 APRIL 2013</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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CITY CLERK Date Stamp 2013 JAN 30 AM	SHORT FORM CALIFORNIA 470 FORM For Official Use Only
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1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ARMINE G. HACOPIAN

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
GLENDALE CA 91207

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
TRUSTEE, GLENDALE COMMUNITY COLLEGE BOARD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
GLENDALE, PORTION OF L.A. COUNTY

4. Committee Information

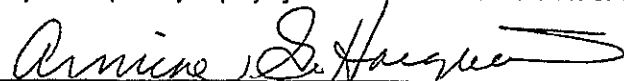
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 \$1,000 and that I will spend less than \$1,000 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 01-28-2013
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE