Campaign Statement		Type or print is		Date Stamp	С	ALIFORNIA 460			
Cover Page (Government Code Sections 84200-842)	16.5)			LOS	AHGELES COUN	TY			
(Covernment Sous Sociolis 6 1205 042	.0.0,	Statement of	overs period	Date of election if applicable:	65	Pa	Page of		
		from	1/1/2024	(Month, Day, Year) 2021	FEB 23 PM 1: 5	3	For Official Use Only		
SEE INSTRUCTIONS ON REVERSE			/20/2024	- 1	PAIGN FINANC	E	021701		
							C11940		
1. Type of Recipient Committee				2. Type of Statement:					
✓ Officeholder, Candidate Controlle	mittee	Primarily Formed Ball Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Can Officeholder Committ (Also Complete Part 7)	ndidate/	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 ☐ ☑ Amendment (Explain) Amendment to remove funds.	Termination)	Special Of Suppleme Statement	dd-Year Report ntal Preelection - Attach Form 495		
3. Committee Information		I.D. NUMBER 1465048		Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S N	IAME IF NO COMMITT			NAME OF TREASURER					
Shant Kevorkian for Glendale	School Board 2	2024		Tamar Zarougian					
				MAILING ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE		
STREET ADDRESS (NO P.O. BOX)				Los Angeles	CA	91214	818-588-7680		
CITY	STATE ZIF	CODE AREA	CODE/PHONE	NAME OF ASSISTANT TREASU		01214	010-000-7000		
Glendale			5-6821						
MAILING ADDRESS (IF DIFFERENT) NO	. AND STREET OR P.	O. BOX		MAILING ADDRESS					
	07475	CODE	CODE/PHONE	CITY	OTATE	710 0005	AREA CODE/DUONE		
CITY	STATE ZIF	CODE AREA	CODE/PHONE	CHY	STATE	ZIP CODE	AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADD	RESS				
kevorkianforgusd@gmail.com	n								
4. Verification									
I have used all reasonable diligence in under penalty of perjury under the law	preparing and revie s of the State of Calif	wing this statement and ornia that the foregoing i	to the best of my k s true and correct.	nowledge the information contained he	erein and in the attached	schedules is	true and complete. I certify		
Executed on 2/22/2	2024		3v		_				
Date			,						
Executed on			Sign:		of	Sponsor			
Executed on		ı	Ву	Signature of Controlling Officeholder, Candidate,			-		
Executed on		f	Ву						
Date	•			Signature of Controlling Officeholder, Candidate,	State Measure Proponent		EDDC Form 460 / January 105		

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Officeholder or Candidate C					Primarily Formed Ballo				
NAME OF OFFICEHOLDER OR CANDID	ATE				NAME OF BALLOT MEASURE				
Shant Kevorkian									
OFFICE SOUGHT OR HELD (INCLUDE	LOCATION AND DISTRICT NUM	BER IF APPLICAE	BLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Glendale Unified School Dist	rict								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (1	NO. AND STREET) CITY	STATE	ZIP						
	Glendale	CA	91214		Identify the controlling off	iceholder, ca	ndidate, or st	ate measure	proponent, if
					NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT		
Related Committees Not In- not included in this statement that a contributions or make expenditures	are controlled by you or are	orimarily formed			OFFICE SOUGHT OR HELD	· · · · · · · · · · · · · · · · · · ·		DISTRICT NO.	IF ANY
COMMITTEE NAME	Tip.	UMBER							
CIVINAL LEE INVINE	11.0.1	IUMBER							
COMINAL LEE MANIE	1.0.	IUMBER							
			77750	7.	Primarily Formed Can	didate/Offic	ceholder Co	ommittee <i>L</i>	ist names of
NAME OF TREASURER	CON	TROLLED COMMIT		7.	Primarily Formed Can-				
NAME OF TREASURER	СОМ			7.		) for which th	is committee is		ned.
NAME OF TREASURER	CON	TROLLED COMMIT		7.	officeholder(s) or candidate(s	) for which th	is committee is	primarily forn	
NAME OF TREASURER	СОМ	TROLLED COMMIT		7.	officeholder(s) or candidate(s	S) for which the	OFFICE SOU	GHT OR HELD	ned.
NAME OF TREASURER COMMITTÉE ADDRESS STREE	CON	TROLLED COMMIT	0	7.	officeholder(s) or candidate(s	S) for which the	OFFICE SOU	primarily forn	SUPPOR
NAME OF TREASURER COMMITTÉE ADDRESS STREE	CON  ET ADDRESS (NO P.O. BOX)  STATE ZIP CODE	TROLLED COMMIT	0	7.	NAME OF OFFICEHOLDER OR O	candidate	OFFICE SOU	GHT OR HELD	SUPPOR
NAME OF TREASURER COMMITTÉE ADDRESS STREE	CON  ET ADDRESS (NO P.O. BOX)  STATE ZIP CODE	TROLLED COMMIT YES N AREA CO	0	7.	officeholder(s) or candidate(s	candidate	OFFICE SOU	GHT OR HELD	SUPPOR
NAME OF TREASURER COMMITTÉE ADDRESS STREE CITY COMMITTEE NAME	CON  ET ADDRESS (NO P.O. BOX)  STATE ZIP CODE	TROLLED COMMIT YES N AREA CO	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUR	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPOR
NAME OF TREASURER COMMITTÉE ADDRESS STREE	CON  TADDRESS (NO P.O. BOX)  STATE ZIP CODE  1.D. 1	TROLLED COMMIT YES N AREA CO	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR
NAME OF TREASURER  COMMITTEE ADDRESS STREE  CITY  COMMITTEE NAME  NAME OF TREASURER	CON  TADDRESS (NO P.O. BOX)  STATE ZIP CODE  1.D. 1	TROLLED COMMIT YES N AREA CO	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUR	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPOR
NAME OF TREASURER  COMMITTEE ADDRESS STREE  CITY  COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CODE	TROLLED COMMIT YES N AREA CO	ODE/PHONE	7.	NAME OF OFFICEHOLDER OR O	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUR	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPO SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1465048 Shant Kevorkian **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** \$120.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_ 7/1 to Date 1/1 through 6/30 2. Loans Received ...... Schedule B. Line 3 20. Contributions \$120.00 \$120.00 Received Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures \$120.00 \$120.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_\_\_ **Expenditures Made Expenditure Limit Summary for State** 0.00 0.00 **Candidates** 7. Loans Made ...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 0.00 0.00 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 **Current Cash Statement** 0.00 To calculate Column B. add amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 120.00 figures that should be 16. ENDING CASH BALANCE ........... Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_ FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	r
	_

Monetary Contributions Received	to	whole dollars.	from1/1/	2024		FORM 460		
				through1/2	0/2024	Page	of _	
SEE INSTRUCTION	NS ON REVERSE					I.D. NU		
Shant Kev	orkian					14650		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELEC TO DA (IF REQU	TE
1/17/2024	Sevag Tateosian, Fresno, CA 93722	DIND COM OTH PTY SCC		\$100.00	\$100	0.00		
1/10/2024	Patricia Karasarkissian Frat, Canyon Country, CA 91387	DIND □ COM □ OTH □ PTY □ SCC		\$20.00	\$20	\$20.00		
		DIND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						
7		□IND □COM □OTH □PTY □SCC	-					
			SUBTOTAL	\$120.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	\$120.00	IND	(other	al ent Committee than PTY or S	SCC)
3. Total mone	ceived this period – unitemized monetary contribution etary contributions received this period.			\$120.00	PTY	- Politica	(e.g., business I Party Contributor Cor	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received  NAME OF FILER Shant Kevorkian		Type or pring Amounts may to whole o	be rounded	1rom	vers period /2024 20/2024	SCHEDULE A (COCALIFORNIA FORM 46  Page of  I.D. NUMBER  1465048	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ( (JAN. 1 - DE)	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		·		,	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

SUBTOTAL\$

\*Contributor Codes

IND-Individual

COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

•		Type or print in I	Ink				SCHE	EDULE B-PART 1
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.  Statement covers period  1/1/2024  from			•	CALIFORN FORM	HA 460		
DESCRIPTIONS ON DEVEROE					through	20/2024	Page	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Shant Kevorkian							1465048	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
	1	,	ļ	s	. \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SC	;	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				s	. s	%	s	\$
				FORGIVEN		RATE		PER ELECTION **
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
			Ì	\$	\$	%	\$	\$
				FORGIVEN		1		PERELECTION**
† IND COM OTH PTY SC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	;	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3	)	
1. Loans received this period				\$		_		
(Total Column (b) plus unitemized loa						۲.	†Contributor Codes	s
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the</li> </ol>	00 paid or forgiven.)			\$		-	OTH – Other (e.g., PTY – Political Part	PTY or SCC) , business entity) by
3. Net change this period. (Subtract L	ne 2 from Line 1.)		•••••	NET \$	v		SCC - Small Contri	butor Committee
Enter the net here and on the Summ	ary Page, Column A, Line 2.			(	May be a negative number)			

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

	OUNEDOLL DATAIN 2
Statement covers period 1/1/2024	CALIFORNIA 460
through1/20/2024	Page of
	I.D. NUMBER
	146504R

SEE INSTRUCTIONS ON REVERSE						
NAME OF FILER					I.D. NUMBER	
Shant Kevorkian					1465048	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM □OTH □PTY □SCC	,	LENDER  DATE		\$ PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER  DATE		\$ PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER  DATE		CALENDAR YEAR  \$ PER ELECTION (IF REQUIRED)  \$	
	□IND □COM □OTH □PTY □SCC		LENDER  DATE		\$ PER ELECTION (IF REQUIRED)	
			SUBTOTAL	\$	Enteron Summary Page, Line 17 only.	

## Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period from1/1/2024	CALIFORNIA 460
through1/20/2024	Page of
	I.D. NUMBER

*1					110III			
SEE INSTRUCTION	NS ON REVERSE				through	1/20/2024	Page	of
NAME OF FILER		<del>* . · · · · · · · · · · · · · · · · · · </del>					I.D. NUMB	ER
Shant Kevo	rkian						146504	8
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	!F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV	OF AMOU FAIR MA VALL	RKET CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	,	□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
Attach addit	tional information on appropriately labe	ed continuat	ion sheets.	SUBTO	OTAL \$			
1. Amount re	C Summary ceived this period – itemized nonmonetary I Schedule C subtotals.)				¢	IND	entributor Co - Individual M Recipien	1

- 2. Amount received this period unitemized nonmonetary contributions of less than \$100 ......\$
- 3. Total nonmonetary contributions received this period.

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from1/1/2024	FORM 460
	,
through	Page of
	I.D. NUMBER

SEE INSTRUCTIONAME OF FILER Shant Kevo	orkian			through		I.D. NUM 146504	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	<b>.</b> \$	17 July 200		
1. Itemized o	D Summary contributions and independent expenditures made						
	ed contributions and independent expenditures ma ributions and independent expenditures made thi						

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE D (CON)
1/20/2024	CALIFORNIA ACO
from1/1/2024	CALIFORNIA 460
through1/20/2024	Page of
	I.D. NUMBER
	1465048

Shant Kevo	orkian				146504	B 
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
V	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure			·	
			SUBTOTAL \$			

	Type or print in ink. Amounts may be rounded				SCHEDULE E			
Schedule E					Statement covers period		CALIFORNIA 460	
Payments Made		to whole dollars.			rom	1/1/2024	FO	RM 400
SEE INSTRUCTIONS ON REVERSE					hrough _	1/20/2024	. Page _	of
NAME OF FILER							I.D. NU	MBER
Shant Kevorkian							146504	48
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FiL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resea livery and me	98	R/RF S/ TE TF TF S TS	AD radio TO return AL camp EL t.v. or CC candi RS staff/s FF transf TO voter	airtime and production ned contributions aign workers' salaries cable airtime and pro date travel, lodging, ar spouse travel, lodging,	duction cost duction cost and meals and meals as of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIP	TION OF PA	YMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures	must also be summ	arized on S	Schedule D.			SI	UBTOTAL	\$
Schedule E Summary						*****		
1. Itemized payments made this period. (Include all Schedule	E subtotals.)				***********		\$	
2. Unitemized payments made this period of under \$100							\$	
3. Total interest paid this period on loans. (Enter amount from								
4. Total payments made this period. (Add Lines 1, 2, and 3. E								
1 - 7					•			

		(CON	

<b>Schedule</b>	E	
(Continua	tion	Sheet)
<b>Payments</b>	Mad	de

Type or print in ink. Amounts may be rounded to whole dollars.

		- JOHEDU	LL E (COI41.
State	ment covers period	CALIFORNIA	160
from	1/1/2024	FORM	400
through_	1/20/2024	Page	of
<del></del>		I.D. NUMBER	

i ayinenta made		
SEE INSTRUCTIONS ON REVERSE	through1/20/2024	Page of
NAME OF FILER		I.D. NUMBER
Shant Kevorkian		1465048

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs CVC civic donations PET petition circulating TEL candidate travel, lodging, and meals PHO phone banks TRC FIL candidate filing/ballot fees POL poiling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF ND PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

					SCHEDUL	
Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE		Type or print in Ink. Amounts may be rounded to whole dollars.		Statement covers period 1/1/2024	CALIFORNIA 46	
			thr	ough1/20/2024	Page of	
NAME OF FILER			·		I.D. NUMBER	
Shant Kevorkian					1465048	
CODES: If one of the following codes accurately describ	es the	payment, you may enter the code. C	therwis	e, describe the payment.		
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production c	osts	
CNS campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL			
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and produ		
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and		
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, ar		
ND Independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees	of the same candidate/sponso	
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (	internet e-mail)	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be	SUBTOTALS				

#### **Schedule F Summary**

summarized on Schedule D.

1.	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
2	Total accrued expenses paid this period. (Include all Schedule F. Column (c) subtotals for payments on

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

SCHEDI	H C		ONIT
SCHED	ノレヒ	T ((	UNI.

Schedule	∍ F		
(Continu	ation Shee	et)	
Accrued	<b>Expenses</b>	(Unpaid Bills	;)

campaign literature and mailings

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from1/1/2024	FORM 40U
through1/20/2024	Page of
	I.D. NUMBER
	1465048

WEB information technology costs (internet, e-mail)

NAME OF FILER

Shant Kevorkian

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	- · · · · · · · · · · · · · · · · · · ·				
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PR()	professional services (legal, accounting)	VOT	voter registration

print ads

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$	\$	\$	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from1/1/2024	CALIFORNIA 460		
		through1/20/2024	Page of		
NAME OF FILER			I.D. NUMBER		
Shant Kevorkian			1465048		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
CODES: If one of the following codes accurately describes to	the payment, you may enter the code	e. Otherwise, describe the paymer	nt.		
CMP campaign paraphernalla/misc.	BR member communications	RAD radio airtime and production	costs		

MTG meetings and appearances

POL polling and survey research

petition circulating

OFC office expenses

PHO phone banks

PET

IND Independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LT campaign literature and mailings

POS postage, delivery and messenger services professional services (legal, accounting)

PRT print ads

TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor

VOT voter registration

RFD returned contributions

SAL campaign workers' salaries

WEB information technology costs (internet, e-mail)

TEL t,v, or cable airtime and production costs

CNS campaign consultants

CVC civic donations

FND fundraising events

FIL

CTB contribution (explain nonmonetary)\*

candidate filing/ballot fees

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE I
Schedule H Loans Made to Others*		Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period 1/1/2024 from		CALIFORNIA 460	
					1/20/2024		Page	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through	· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER	
Shant Kevorkian							1465048	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT ( FORGIVENES THIS PERIOR	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				s	_   \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_	%	s	\$
				FORGIVEN		RATE		PER ELECTION*
		s	\$	\$		\$		\$
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candic								
must also be summarized on Schedule D. Loan also be reported on Schedule E.	s forgiven must	SUBTOTALS	\$	\$	\$	\$		
			<del> </del>	<u> </u>		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loans					\$		-	**If Required
Payments received on loans  (Total Column (c) plus unitemized payments)			***************************************		\$			
3. Net change this period. (Subtract Line (Enter the net here and on the Summa					NET \$	y be a negative number	<del>n</del>	

Schedule I Miscellaneous Increases to Cash		ype or print in ink. ounts may be rounded	Statement covers period	SCHEDULE	
		to whole dollars.	1/1/2024	CALIFORNIA 460	
			from		
SEE INSTRUCTIONS ON REVER	RSE		through1/20/2024	Page of	
NAME OF FILER		*****		I.D. NUMBER	
Shant Kevorkian				1465048	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
ļ					
Attach additional info	rmation on appropriately labeled continuation sheets.		SUBTOTA	L\$	
Schedule I Summ	ary				
	to cash this period		\$		
2. Unitemized increas	ses to cash of under \$100 this period		\$	_	
3. Total of all interest	received this period on loans made to others. (Schedule H,	Column (e).)	\$		
	s increases to cash this period. (Add Lines 1, 2, and 3. Ent		TOTAL \$		
Summary Page, Li	ne 14.)		IUIAL P	FPPC Form 460 (January/05)	
			FPPC Toll-Free Helpli	ne: 866/ASK-FPPC (866/275-3772)	