Reci	pient Committee	
Cam	påign Statement	
	er Page	

	S/24 cover page
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Cover Page			RECEIVED BY S ANGELES COL	(
	Statement covers period from 1/12023	(Month Day Year)	S ANGELES COI 24 FEB -5 PM 2		of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2023	03/05/2024	AMPAIGN FINA		1940
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be		Quarterly State Special Odd-Y	ement ear Report
	. NUMBER 165048	Treasurer(s)	-		-
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Shant Kevorkian for Glendale School Board 2024		Tamar Zarougian MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Los Angeles	. CA	90065	818-588-7680
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
Glendale CA 91214					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COI kevorkianforgusd@gmail.com	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	3S		
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 1/23/2024 Executed on Date Executed on Date	California that the foregoing is true and By By Signature By		_	ned schedules is	true and complete. I
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
FORM 460
Page of

Officeho	older or Candidate (Controlled Committ	tee		6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF	OFFICEHOLDER OR CAND	DIDATE				NAME OF BALLOT MEASURE				
Shant Ke	evorkian									
OFFICE SC	OUGHT OR HELD (INCLUDE	E LOCATION AND DISTRIC	T NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	ON		SUPPORT
Glendale	e Unified School Distric	et								OPPOSE
RESIDENT	TIAL/BUSINESS ADDRESS			STATE ZIP CA 91214		Identify the controlling office	holder, candi	date, or state m	easure propo	nent, if any.
						NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT		
not includ	I Committees Not Indicated in this statement that a ions or make expenditures	are controlled by you or a	re primarily form			OFFICE SOUGHT OR HELD		C	DISTRICT NO. I	FANY
COMMITTE	EE NAME		I.D. NUMBER							• .
NAME OF	TREASURER		CONTROLLED (COMMITTEE?	7.	Primarily Formed Canc officeholder(s) or candidate(s)	lidate/Offic	eholder Con committee is pr	nmittee List imarily formed	t names of l.
COMMITTI	EE ADDRESS STRE	ET ADDRESS (NO P.O. BO				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY		STATE ZIP CO		EA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
соммітт			I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
	TREASURER TEE ADDRESS STRE	ET ADDRESS (NO P.O. BO		NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	☐ SUPPORT
CITY	TEE ADDRESS STRE	STATE ZIP CO		EA CODE/PHONE		Atta	ch continuatio	on sheets if ned	essary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/2023	CALIFORNIA 460
through <u>12/31/2023</u>	Page of
	I.D. NUMBER
	1465048

Shant Kevorkian			1465048
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$	\$	1/1 through 6/30 7/1 to Date
2. Loans Received			20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$	Received \$ \$
4. Nonmonetary Contributions			21. Expenditures Made \$\$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	\$	Made \$ \$
Expenditures Made		4000.07	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 1039.25	\$ <u>1039.25</u>	Candidates
7. Loans Made	1000.05	1000.07	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1039.25</u>	\$ 1039.25	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)			Date of Election Total to Date
10. Nonmonetary Adjustment	1000.00	1000.05	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1039.25	\$ 1039.25	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00	To calculate Column B,	
13. Cash Receipts Column A, Line 3 above		add amounts in Column A to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	1039.25	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ -1039.25	be negative figures that should be subtracted from	i .
If this is a termination statement, Line 16 must be zero.		previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	,
18. Cash Equivalents See instructions on reverse			,
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$,	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary C	A Contributions Received		nts may be rounded whole dollars.	Statement cov	vers period	CALIFORNIA 460		
				from <u>1/1/2023</u>		FORM -TOO		
OFF INCTRUCTION	IC ON DEVERSE			through <u>12/31/20</u>	123	Page	of	
SEE INSTRUCTION NAME OF FILER	15 UN REVERSE			Lillough		I.D. NU		
Shant Kevorkia	an '				/	146504	8	
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	/EAR	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 S	\$				
(Include all	A Summary ceived this period – itemized monetary contribution Schedule A subtotals.)				IND - COM OTH PTY	(other I – Other (′ – Politica	ial ient Committee than PTY or SCC) (e.g., business entity)	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole c	be rounded Iollars.	Statement cov		SCHEDULE A (CONTINUE A CONTINUE A		
				through 12/31/20	23	Page _	of	
NAME OF FILER Shant Kevorkia	an		.,			1.D. NU	JMBER 48	
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 - DEC	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

		ounts may be ro	unded				SCHED	ULE B - PART
Schedule B – Part 1	All	Statement cov	ers period	CALIFORNIA 460				
Loans Received			from <u>1/1/2023</u>		FORM 400			
					10/01/9			
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	023	Page	of
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				☐ PAID	T LINED			CALENDAR YEAR
				\$	- \$	%	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION*
		\$	\$	\$	_	\$		\$
† IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				\$	- \$	% RATE	\$	s
				☐ FORGIVEN		RAIE		PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
- IND COM CON FIT Sec			 	PAID				CALENDAR YEAR
				\$	_	· · · · · · · · · · · · · · · · · · ·		
				FORGIVEN	-	RATE	4	PER ELECTION
† IND COM OTH PTY SCC	}	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	<u>'</u>	SUBTOTALS S	\$	\$	\$	\$		
				·		(Enter (e) on Sch	edule E, Line 3)	* * * * * * * * * * * * * * * * * * *
Schedule B Summary							,	
1. Loans received this period		•••••		\$				
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period	•			¢			†Contributor Codes	
(Total Column (c) plus loans under \$1			•••••	Ф —			IND – Individual	ommitto :
(Include loans paid by a third party that	at are also itemized on Sche			NET 4			•	PTY or SCC)
Net change this period. (Subtract Lir Enter the net here and on the Summa				.NET \$		1	OTH – Other (e.g., PTY – Political Par	• ,
Enter the net here and on the Summa	ity i age, columni A, Line Z.						000 0	

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

SCC - Small Contributor Committee

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(May be a negative number)

www.fppc.ca.gov

·		A				SCH	EDULE B - PAR
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			nent covers period /2023	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				through	12/31/2023	Page	of
NAME OF FILER Shant Kevorkian						1.D. NUMBER 1465048	र
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
		- U	LENDER			\$CALENDAR YEAR	
	□IND □COM □OTH		DATE			\$	
	□PTY □SCC					PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND		LENDER			\$	

DATE

SUBTOTAL \$

□отн

□ PTY □ SCC

 \bigcirc

PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.	SCH					
						Statement covers period from $\frac{1/1/2023}{}$			california 460 form
SEE INSTRUC	TIONS ON REVERSE		·		throu	12/31/2023		Page	of
NAME OF FILE Shant Kevor								I.D. NUM 1465048	
								110001	,
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	D. CALEND	ATIVE TO ATE 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 add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$				
Schedule	e C Summary							ntributor Co	
(Include2. Amount3. Total no	received this period – itemized nonmonetar all Schedule C subtotals.)received this period – unitemized nonmone	tary contribut	ions of less than \$100		\$		CO OT PT' SC	other th H – Other (e Y – Political	nt Committee an PTY or SCC) .g., business entity)
	nes 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	ТОТА	AL \$		_ -		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER Amounts may be rounded to whole dollars. Statement to whole dollars. Statement to whole dollars. through 12

	SCHEDULE D
Statement covers period from $\frac{1/1/2023}{1}$	CALIFORNIA 460
through <u>12/31/2023</u>	Page of
	I.D. NUMBER
	1465048

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION	AMOUNT THIS	CUMULATIVE TO DATE	PER ELECTION TO DATE
DATE	OR COMMITTEE	THEOTYAIMENT	(IF REQUIRED)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
	·	Monetary Contribution				
		☐ Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure	,			
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure	·			S
		Monetary Contribution				
		Nonmonetary Contribution				
	П видельный при	Independent				
	Support Dppose	Expenditure		<u> </u>		
			SUBTOTAL	\$		

Schedule D Summary

Shant Kevorkian

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	S
2. Unitermized contributions and independent expenditures made this period of under \$100	\$
3 Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	3

Summar Supporti	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be r to whole dolla	rounded ars.	Statement covers period from 1/1/2023 CALIFORM through 12/31/2023 Page		of	
Shant Kevork	cian					1465048	
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 CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
	,	Monetary Contribution Nonmonetary Contribution					
	Support Doppose	Independent Expenditure Monetary					``
		Contribution Nonmonetary Contribution Independent					
	Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution					^
	Support Dppose	Independent Expenditure Monetary Contribution					
	☐ Support ☐ Oppose	Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	. \$			

Schedule E Payments Made		Amounts may b to whole do			Statement covers period from $\frac{1/1/2023}{}$	CALIF FO	ORNIA 460
SEE INSTRUCTIONS ON REV	/ERSE		_		through <u>12/31/2023</u>	Page_	of
NAME OF FILER Shant Kevorkian						1.D. NUM	
CMP campaign parapherna CNS campaign consultants CTB contribution (explain r CVC civic donations FIL candidate filing/ballot FND fundraising events	fees ture supporting/opposing others (explain)*	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s ch	Wise, describe the payment. RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production trace candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration WEB information technology costs	luction costs d meals and meals s of the sam	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Wells Fargo,	, La Crescenta-Montrose, CA 91214		СМР	Bank Charge			\$3.00
City of Glendale,	, Glendale, CA 91206		FIL	Candidate Stateme	nt		\$900.00
City of Glendale,	, Glendale, CA 91206		FIL	Filing Fee			\$25.00
* Payments that are contrib	utions or independent expenditures must also be	summarized on Sche	edule D.	1	su	BTOTAL S	\$ 928.00
Schedule E Sumr	mary						

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$\frac{1039.25}{2}\$

2. Unitemized payments made this period of under \$100......\$

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE	E	(CO	NT.)	1

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period from $\frac{1/1/2023}{}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2023</u>	Page of
NAME OF FILER			I.D. NUMBER
Shant Kevorkian		<u> </u>	1465048

CODES: If one of the following codes accurately describes the payment	nt, you may en	ter the code. Otherwise, describe the payment.	
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)* MTG meeting of file expecting of the filing of the fili	circulating panks and survey research o, delivery and messional services (lega	SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals senger services TSF transfer between committees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State, Los Angeles, CA 90013	FIL	Filing Fee	\$50.00
		1	
Wix.com	WEB	Website Cost	\$61.25
· · · · · · · · · · · · · · · · · · ·			
	1		

SUBTOTAL \$ 111.25

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove	ers period	CALIFORM	SCHEDULE
SEE INSTRUCTIONS ON REVERSE	•		through 12/31/20	23	Page	of
NAME OF FILER Shant Kevorkian					I.D. NUMBER 1465048	
CODES: If one of the following codes accurately described in the following campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production cosbutions ters' salaries time and product el, lodging, and mayel, lodging, and en committees of	ion costs neals I meals the same cand	idate/sponsor
NAME AND ADDRESS OF CREDITOR	CODE OR	(a) OUTSTANDING	(b) AMOUNT INCURRED	(c) AMOUNT PA	1	(d) OUTSTANDING

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	\$	<u> </u>		\$

summarized on Schedule D.

Schedule F Summary

ped expenses incurred this period. (include all Schedule F, Column (b) subtotals for expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	1.
ued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on xpenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	2
e this period. (Subtract Line 2 from Line 1. Enter the difference here and mmary Page, Column A, Line 9.)	3

May be a negative number FPPC Form 460 (Jan/2016))

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove from 1/1/2023 through 12/31/20	F	SCHEDULE F (CONTINUE OF CALIFORNIA FORM	
			through			
NAME OF FILER Shant Kevorkian				1.D. NU 1465	JMBER 048	
CODES: If one of the following codes accurately describe						
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 * Payments that are contributions or independent expenditures must	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	nces earch messenger services legal, accounting)	TRC candidate trave TRS staff/spouse tra TSF transfer betwe VOT voter registrati	ibutions kers' salaries rtime and production cos el, lodging, and meals avel, lodging, and meals en committees of the sal	me candidate/sponsor	
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)
Contractor (on Benan or This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G		
Statement covers period from 1/1/2023	CALIFORNIA 460		
through <u>12/31/2023</u>	Page of		
	I.D. NUMBER		
	1465048		

Shant Kevorkian

SEE INSTRUCTIONS ON REVERSE

FND fundraising events

LEG legal defense

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

IND independent expenditure supporting/opposing others (explain)*

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 CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs 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

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

	ADDRESS OF PAYEE OR CREDITOR MMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	DES	CRIPTION OF PAYMENT		AMOUNT PAID
							-
 	·						
						,	
		·					
	•						

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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 H
Schedule H	Amounts may be rounded to whole dollars.			Statement covers period		CALIFORNIA 460		
_oans Made to Others*		to wild	ie uoliais.		from		FORM 400	
				ĺ	through 12/31/20	93 '		
SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	
Shant Kevorkian						18	1465048	
FULL NAME. STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a)	(b)	(c)	(d)	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES THIS PERIOD	S BALANCE AI	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	s	\$		s		\$
	<u></u>	<u>L,</u>			DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
		<u> </u>		<u> </u>		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
1. Loans made this period					\$		· г	**If Decided
(Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans							**If Required	
Payments received on loans (Total Column (c) plus unitemized payr		•••••		•••••	Φ ——		-	
3. Net change this period. (Subtract Line)	2 from Line 1.)	•••••			NET \$			
(Enter the not here and on the Summa								

(May be a negative number)

Schedule I		Amounts may be rounded		SCHEDULE			
Miscellaneous Inc	creases to Cash	to whole dollars.	Statemen from 1/1/20	t covers period	CALIFORNIA 460 FORM of		
			through 12/				
SEE INSTRUCTIONS ON REVEN NAME OF FILER	I.D. NUMBER						
Shant Kevorkian					1465048		
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF DE	OCIDT.	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RE		INCREASE TO CASH		
			•				
					·		
•							
					<u></u>		
				•			
	•						
Attach additional infor	mation on appropriately labeled continuation sheets.			SUBTOTA	L\$		
Schedule I Summa	-						
1. Itemized increases to	o cash this period			·	_		
2. Unitemized increase	es to cash of under \$100 this period			\$			
3. Total of all interest re	eceived this period on loans made to others. (So	chedule H, Column (e).)		\$	_		
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the)				
Summary Page, Line	e 14.)		TOTAL	5	FPPC Form 460 (Jan/2016))		
				FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772)		

www.fppc.ca.gov