Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM** RECEIVED BY **Cover Page** Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 1/21/2024 through 2/17/2024 03/05/2024 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement Committee State Candidate Election Committee Special Odd-Year Report Termination Statement Recall Controlled Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) ☐ General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1465048 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 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE CITY CA 91214 818-515-6821 Glendale MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE ZIP CODE kevorkianforgusd@gmail.com OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true Executed on 2/22/2024 Date Executed on 2/22/2024 Date Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	
Page of	

. Officeholder or Candidate Controlled Comm	nittee		6.	Primarily Formed Ballot	Measure Committe	ee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Shant Kevorkian							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APP	LICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Glendale Unified School District							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Glendale CA			Identify the controlling officer	nolder, candidate, or sta	te measure pro	ponent, If any.
	Gieridale Cr	1 31214		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily formed			OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER						
			7	Primarily Formed Candi	idate/Officeholder (	'ammittae /	let names of
NAME OF TREASURER	CONTROLLED CO		•	officeholder(s) or candidate(s)	for which this committee	s primarily form	ed.
		NO		NAME OF OFFICEHOLDER OR O	ANDIDATE OFFICES	OUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			TABLE OF OFFICE HOLDER ON O	JANUARY OF THE S	ocom on neg	SUPPORT OPPOSE
CITY STATE ZIP (	CODE AREA	CODE/PHONE		NAME OF OFFICEHOLDER OR O	ANDIDATE OFFICES	OUGHT OR HELD	
							☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICES	OUGHT OR HELL	
				,	JANUARY TO THE SECOND	oodiii ok iidd	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED CO			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		NO					OPPOSE
CITY STATE ZIP 0	CODE AREA	CODE/PHONE		Attac	h continuation sheets it	necessary	

## 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 1/21/2024	FORM 460
through 2/17/2024	Page of
	I.D. NUMBER
	1/650/18

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
1. Monetary Contributions	\$ 120.00 \$ 120.00 \$ 120.00	\$ 240.00 \$ 240.00 \$ 240.00	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$  \$
Expenditures Made 6. Payments Made	\$ 0.00	\$ 0.00	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 0.00	\$ 0.00	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
10. Nonmonetary Adjustment	\$ 0.00	\$ 0.00	Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement  12. Beginning Cash Balance	\$ 120.00 \$120.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$ 240.00	amounts in Column A may be negative figures that should be subtracted from 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 Monetary	A Contributions Received	Amoun to	ts may be rounded whole dollars.	Statement cov from <u>1/21/2024</u>	ers period	CALIFORNIA 460		
SEE INSTRUCTIO	DNS ON REVERSE			through <u>2/17/202</u>	4	Page _	of	
NAME OF FILER Shant Kevork		· · · · · · · · · · · · · · · · ·		L		1.D. NUN 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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/24/2024	Justin So, Los Angeles, CA 90027	IND COM OTH PTY SCC		\$20.00	\$20.00			
1/31/2024	Mariam Senekeremian Sunland, CA 91040	☑IND □COM □OTH □PTY □SCC		\$100.00	\$100.00			
		□IND □COM □OTH □PTY □SCC						
		IND COM						
	-	□IND □COM □OTH □PTY □SCC						
			SUBTOTAL S	120.00		age of	en jaron en	
1. Amount re (Include al	A Summary sceived this period – itemized monetary contribution Il Schedule A subtotals.)		\$	20.00	IND - COM OTH PTY	(other ti Other (e Political	nt Committee nan PTY or SCC) .g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$ _1	20.00 F	PPC Advice: advice		Form 460 (Jan/2016)) a.gov (866/275-3772)	

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded dollars.	Statement cov	ers period	SCHEDULE A (CONT.) CALIFORNIA 460		
•				From 1/21/2024 Through 2/17/2024		FORM 40		
NAME OF FILER Shant Kevorkia	an					1.D. NU 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 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

•	A	ounts may be rou	. walaa				SCHED	ULE B - PART 1
Schedule B – Part 1 Loans Received	АПІ	to whole dollars						<sup>IA</sup> 460
				Ì	Through 2/17/2024	4		
EE INSTRUCTIONS ON REVERSE							Page	of
AME OF FILER							I.D. NUMBER	
hant 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 PA OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
•				\$	_ \$	%	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION**
O IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
		;		☐ FORGIVEN		RATE		PER ELECTION**
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				s	. \$	%	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	5 .	\$	\$	\$		
Schedule B Summary						(Enter (e) on Sch	edulo E, Line 3)	
Loans received this period				\$				
(Total Column (b) plus unitemized loar	ns of less than \$100.)					·		
2. Loans paid or forgiven this period	15 51 1555 1.1411 4 1551,			\$			†Contributor Codes IND – Individual	
(Total Column (c) plus loans under \$1							COM – Recipient C	ommittee
(Include loans paid by a third party that	it are also itemized on Sche	edule A.)				i	(other than I	PTY or SCC)
<ol><li>Net change this period. (Subtract Lin Enter the net here and on the Summa</li></ol>	e 2 from Line 1.)		••••••••	.NET \$		1	OTH - Other (e.g., I PTY - Political Part SCC - Small Contri	sy .
					(May be a possible sumber)		SCC - Siliali Contri	DUIOI COMMINICES

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

\*\* If required.

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SCHEDULE B - PART 2 Schedule B - Part 2 Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **Loan Guarantors** From 1/21/2024 **FORM** Through 2/17/2024 Page \_ of\_ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1465048 **Shant Kevorkian** IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER FULL NAME, STREET ADDRESS AND ZIP CODE OF **AMOUNT** BALANCE CONTRIBUTOR CUMULATIVE GUARANTEED CONTRIBUTOR LOAN OUTSTANDING CODE\* (IF SELF-EMPLOYED, ENTER TO DATE THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR ☐ COM □ OTH PER ELECTION (IF REQUIRED) DATE □ PTY □ scc LENDER CALENDAR YEAR □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY □ scc CALENDAR YEAR LENDER □сом □отн PER ELECTION (IF REQUIRED) DATE □ PTY □ scc CALENDAR YEAR LENDER 

DATE

SUBTOTAL \$

□ COM □ OTH

☐ PTY

PER ELECTION (IF REQUIRED)

Enter on

Summary Page, Line 17 only.

Schedule	· C		Amounts may be rounded						SCHEDULE (
Nonmonetary Contributions Received			to whole dollars.			Statement covers   1/21/2024	period	CALIFORNIA 460	
					   Thro	ugh 2/17/2024		FUI	KIVI
CEE INCTRICTS	ONS ON REVERSE					ugii 2/1//2024		Page	of
NAME OF FILER								I.D. NUM	BER
Shant Kevork	ian							1465048	3
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 SER		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC							
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
	·	IND COM OTH SCC							
Attach addit	tional Information on appropriately labeled	continuation	sheets.	SUBT	OTAL S	3			
Schedule	C Summary						<b>(*</b> Cc	ontributor Cod	des
	eceived this period – itemized nonmonetar				\$ _				nt Committee an PTY or SCC)
2. Amount re	eceived this period - unitemized nonmone	tary contribut	ions of less than \$100		\$ _		PT	Y - Political I	g., business entity) Party entributor Committee
	monetary contributions received this periods 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	тот/	AL \$_	***************************************	_		

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole dol		Statement covers From 1/21/2024 Through 2/17/2024	CALIFORNIA 460		
	ONS ON REVERSE					Page	of
Shant Kevork						1.D. NUMB 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	CUMULATIV CALENDA (JAN. 1 - 1	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTAL	. \$			
	D Summary contributions and independent expenditures mad	le this period. (Includ	ie all Schedule D subtotals	5.)		\$	
2. Unitemize	ed contributions and independent expenditures m	nade this period of un	nder \$100			\$	

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. CALIFORNIA 460 **Summary of Expenditures** Statement covers period **Supporting/Opposing Other** From 1/21/2024 **FORM** Candidates, Measures and Committees Through 2/17/2024 Page NAME OF FILER I.D. NUMBER 1465048 **Shant Kevorkian** CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE DATE PERIOD (IF REQUIRED) (JAN, 1 - DEC, 31) OR COMMITTEE (IF REQUIRED) ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Oppose ☐ Support Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution Independent ■ Support □ Oppose Expenditure ☐ Monetary Contribution Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure SUBTOTAL \$

•							SCHEDULE
Schedule E	Amounts may be rounded to whole dollars.				Statement covers period	CALIFORNIA 460	
Payments Made				From	1/21/2024	FC	ORM TOO
				Throu	igh 2/17/2024		
SEE INSTRUCTIONS ON REVERSE						Page _	
NAME OF FILER						I.D. NUI	
Shant Kevorkian						14650	48
CODES: If one of the following codes accurately described accurately des	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey resear very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction cost nd meals and meals as of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
			·		·		
* Payments that are contributions or independent expenditures must also	be summarized on Scho	edule D.			SL	JBTOTAL	\$ 0.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	ıle E subtotals.)					\$	
2. Unitemized payments made this period of under \$100						\$_	
3. Total interest paid this period on loans. (Enter amount fro 4. Total payments made this period. (Add Lines 1, 2, and 3	om Schedule B, Pa . Enter here and on	rt 1, Colun the Sumr	nn (e).) nary Page, Colu	ımn A, Line	6.) To	\$ _ OTAL \$	0.00

SCHEDULE E (CONT.
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Schedule E	
(Continuation Sheet	)
Payments Made	

Amounts may be rounded to whole dollars.

	CONLEGE E (CON)
Statement covers period	CALIFORNIA 460
From 1/21/2024	FORM 460
Through 2/17/2024	
	Page of
	I.D. NUMBER

1465048

SEE INSTRUCTIONS ON REVERSE 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. MBR member communications RAD radio airtime and production costs CMP campaign paraphemalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions OFC office expenses contribution (explain nonmonetary)\* SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PHO phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* TSF PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads

WEB information technology costs (internet, e-mall)

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

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

**SUBTOTAL \$** 

Schedule F	Amounts may be roun to whole dollars.	Statement cov	Statement covers period From 1/21/2024		CALIFORNIA 460		
Accrued Expenses (Unpaid Bills)		From 1/21/2024					
			Through 2/17/202	4			
SEE INSTRUCTIONS ON REVERSE					Page _	of	
NAME OF FILER		-			I.D. NUM	BER	
Shant Kevorkian					146504	8	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating	ns	nerwise, describe th RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air	nd production co butions (ers' salaries			
FIL candidate filing/ballot fees	PHO phone banks		TRC candidate trave	el, lodging, and	meals		
FND fundraising events	POL polling and survey reserved POS postage, delivery and it	earch	TRS staff/spouse tra	avel, lodging, an	d meals	condidate/anamas	
IND independent expenditure supporting/opposing others (explain)*  LEG legal defense	PRO professional services (	legal, accounting)	VOT voter registrati	on	of the same candidate/sponsor		
LIT campaign literature and mallings	PRT print ads		WEB information ted	hnology costs (i	nternet, e-r	nail)	
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 I THIS PER (ALSO REPOR	IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
				1			
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	<b>5</b>	\$ :	<u>                                     </u>	\$		
summarized on Schedule D.					<del></del>		
Schedule F Summary	Only duly E O to 10 (1)						
<ol> <li>Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized</li> </ol>	Schedule F, Column (b) su I accrued expenses under	ototals for \$100.)	INCU	RRED TOTA	\LS \$		
<ol><li>Total accrued expenses paid this period. (Include all Sci accrued expenses of \$100 or more, plus total unitemized</li></ol>	nedule F, Column (c) subto I payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTA	\LS \$		
3. Net change this period. (Subtract Line 2 from Line 1. El	nter the difference here and	I			.= 1	٠.	
on the Summary Page, Column A, Line 9.)					VET \$		

May be a negative number
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Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.  Statement cover From 1/21/2024  Through 2/17/2024			SCHEDULE F (CONTINUE FORM)  SCHEDULE F (CONTINUE FORM)	
NAME OF FILER Shant Kevorkian				1.D. NU 14650	
CODES: If one of the following codes accurately describes  CMP campaign paraphemalia/misc.  CNS campaign consultants  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 mallings  * Payments that are contributions or independent expenditures must also	MBR member communication MTG meetings and appearer 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 egal, accounting)	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs butions (ers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the san	ne 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)	t Amounts may be rounded to whole dollars.	Statement covers period From 1/21/2024	CALIFORNIA 460
		Through 2/17/2024	
SEE INSTRUCTIONS ON REVERSE		<u> </u>	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 describe	s the payment, you may enter the code. Of	therwise, describe the payment	•
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundralsing events IND LEG legal defense	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and TSF transfer between committees VOT voter registration	uction costs d meals

PRT print ads

campaign literature and mailings

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.	<u> </u>	<u> </u>	TOTAL* 9	<u></u>

\* 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.

WEB information technology costs (internet, e-mail)

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

				_				SCHEDULE H
Schedule H		Amounts may be rounded to whole dollars.			Statement covers period From 1/21/2024		CALIFORNIA 460	
Loans Made to Others*								
					Through 2/17/2024	• [		
SEE INSTRUCTIONS ON REVERSE							Page	of
NAME OF FILER							I.D. NUMBER	
Shant Kevorkian						,	1465048	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	OR OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT ( FORGIVENES THIS PERIO	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
			1	s	s	%	\$	s
		İ		☐ FORGIVEN		RATE		PER ELECTION
		1	١.					
		\$	*	3	DATE DUE	*	DATE INCURRED	, , , , , , , , , , , , , , , , , , , ,
				☐ PAID				CALENDAR YEAR
			]	\$	. s	<u> </u>	\$	s
				FORGIVEN		RATE		PER ELECTION **
•		\$	\$	s		\$		\$
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive								
reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary								
1. Loans made this period					\$		. г	#### Daniel
(Total Column (b) plus unitemized loans of less than \$100.)  2. Payments received on loans\$							L	**If Required
(Total Column (c) plus unitemized payr	nents of less than \$100.)		***************************************	•••••••	······································		•	
3. Net change this period. (Subtract Line 2	2 from Line 1.)			•••••	NET \$	<del></del>		
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)	)						

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(May be a negative number)

Schedule I Miscellaneous Increases to Cash		ounts may be rounded to whole dollars.	ĺ	Statement covers period From 1/21/2024	CALIFORNIA 460		
			]	Through 2/17/2024	Page of		
SEE INSTRUCTIONS O	N REVERSE						
NAME OF FILER					I.D. NUMBER		
Shant Kevorkian					1465048		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESC	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
ļ							
	•						
į							
Attach additiona	ai information on appropriately labeled continuation sheets.			SUBTOTAL	.\$		
Schedule I Su	•						
1. Itemized increa	ases to cash this period			\$	-		
2. Unitemized inc	creases to cash of under \$100 this period			\$	_		
3. Total of all inter	rest received this period on loans made to others. (Schedule	H, Column (e).)		\$	_		
4. Total miscellan Summary Page	neous increases to cash this period. (Add Lines 1, 2, and 3. E	Enter here and on the	e 	. TOTAL \$	FDD6 F 400 (1. /005.71)		
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