Reci	pient	Comn	nittee
		State	
	er Pag		

Date Stamp

Campaign Statement Cover Page		RECEIV LOS ANGELI	ED BY SCOUNTY	FORM 46U
-	Statement covers perio	Date of election if applicable: (Month, Day, Year) [FEI 23	PM 1:52	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2023</u>	03/05/2024 CAMPAIGN	FINANCE	C11940
1. Type of Recipient Committee: All Committees - Cor	mplete 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	Primarily Formed Ballot Measure Committee Controlled Sponsored Viso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Viso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below) Amendment to remove exper	☐ Sp	uarterly Statement pecial Odd-Year Report vere not spent using campaign
). NUMBER 465048	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Shant Kevorkian for Glendale School Board 2024		NAME OF TREASURER Tamar Zarougian MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Los Angeles		CODE AREA CODE/PHONE 0065 818-588-7680
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY	
Glendale CA 91214 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO kevorkianforgusd@gmail.com	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 2/22/2024 Date			n and in the attached s	schedules is true and complete. I
Executed on 2/22/2024 Date	By ————————————————————————————————————		of Spo	phsor
Executed on	Ву			
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate, State Mo	asure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFOR FORM	NIA 460
Page	of

Officeholder or Candidate Controlled Committee				6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE					NA	ME OF BALLOT MEASURE				
Shant Kevorkian										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLIC	ABLE)		BA	ALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Glendale Unified School District										OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY Glendale	STATE	2IP 91214		lde	entify the controlling office	older, candid	late, or state	measure pro	oponent, if any.
					N/	AME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included In this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily	ist any con formed to	nmittees receive		ŌF	FICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBE	R			-				L	
NAME OF TREASURER	CONTROLL			7.	7. Pi	rimarily Formed Candi ficeholder(s) or candidate(s) i	idate/Office for which this	eholder Co	mmittee	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	POY)	□ NO			N/	ME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HEL	
OMMITTEE ADDRESS STREET ADDRESS (NO FIG.										SUPPORT OPPOSE
CITY STATE ZIP C			DE/PHONE		N/	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBE				N/	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLL YES	ED COMM			N/	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				-			L		
CITY STATE ZIP C	CODE	AREA CO	DE/PHONE			Attac	h continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page			from 1/1/2023	FORM 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Shant Kevorkian			through <u>12/31/2023</u>	Page of I.D. NUMBER 1465048	
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column I CALENDAR YE TOTAL TO DAT		nmary for Candidates ne State Primary and	
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$ \$ \$	20. Contributions Received \$ 21. Expenditures Made \$	through 6/30 7/1 to Date	
Expenditures Made		\$ 0.00	Expenditure Limit	Summary for State	

			•
Current Cash Statement			\$
	0.00	1	

0.00

0.00

12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above

16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15

6. Payments Made...... Schedule E, Line 4

7. Loans Made...... Schedule H, Line 3

9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3

10. Nonmonetary AdjustmentSchedule C, Line 3

17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$

Cash Equivalents and Outstanding Debts

If this is a termination statement, Line 16 must be zero.

18. Cash Equivalents...... See instructions on reverse

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above

A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from

To calculate Column B. add amounts in Column

previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if

any).

0.00

0.00

*Amounts in this section may be different from amounts reported in Column B.

22. Cumulative Expenditures Made*

(If Subject to Voluntary Expenditure Limit)

Total to Date

Statement source period

Candidates

Date of Election

(mm/dd/yy)

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

Schedule A	4	Amoun	ts may be rounded				SCHEDULE A
	Contributions Received	to	whole dollars.	Statement coverage from 1/1/2023	vers period	CALIF FO	ORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through 12/31/20)23	Page _	of
NAME OF FILER Shant Kevorkia						I.D. NUM 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 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 \$	eived this period – itemized monetary contribution Schedule A subtotals.)	***************************************	·		IND COM OTH PTY	(other th I – Other (e – Political	nt Committee nan PTY or SCC) .g., business entity)
	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$		PPC Advice: adv		Form 460 (Jan/2016)) a.gov (866/275-3772)

www.fppc.ca.gov

Schedule A Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded Iollars.	Statement cov from 1/1/2023 through 12/31/20	-	Page _	JMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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 \$

*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

•	Α	ounts may be ro	unded				SCHEE	DULE B - PART 1
Schedule B – Part 1		to whole dollars			Statement cov	ers period	CALIFORN	11A 460
Loans Received				1	from 1/1/2023		FORM	"A 46U
				:				
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	AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD		CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
		1		\$	\$	%	\$	\$
				☐ FORGIVEN	1	RATE		PER ELECTION**
		\$	\$	\$		\$		\$
IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$
				FORGIVEN			- [PER ELECTION**
				\$		\$		s
IND COM OTH PTY SCC		V		PAID	DATE DUE	<u> </u>	DATE INCURRED	CALENDAR YEAR
				PAID				CALENDAR TEAR
				5	\$	RATE	\$	\$
			ĺ	FORGIVEN			1	PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	UBTOTALS \$;	\$	\$	\$		
Only of the D. Stromens		· · · · · · · · · · · · · · · · · · ·				(Enter (e) on Sc	hedule E, Line 3)	Notice of the state of the stat
Schedule B Summary				•				
 Loans received this period		••••••				_		
2. Loans paid or forgiven this period				\$		ſ	†Contributor Codes	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)			,			IND - Individual COM - Recipient C	ommittee
(Include loans paid by a third party tha						i	(other than I	PTY or SCC)
Net change this period. (Subtract Lin Enter the net here and on the Summa				.NET \$			OTH - Other (e.g., I PTY - Political Part	
Enter the het here and on the Summa	ry rage, Column A, Line 2,						SCC - Small Contri	
				(Ma	ay be a negative number)	•		
*Amounts forgiven or paid by another party also n	nust be reported on Schedule A.)						

** If required.

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

· · · · · · · · · · · · · · · · · · ·		A				SCH	EDULE B - PART 2
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ment covers period /2023		RNIA 160
SEE INSTRUCTIONS ON REVERSE				through	12/31/2023	Page	of
IAME OF FILER Shant Kevorkian						I.D. NUMBE 1465048	R
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		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH	*				\$	
	□PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
	scc					\$	
			SUE	STOTAL	\$	Enter on Summary Page, Line 17 only.	

Schedule	C		Amounts may be rounded						SCHEDULE
	etary Contributions Received		to whole dollars.			Statement covers	period	CALIF	ORNIA 160
					fron	1/1/2023		FO	RM 700
SEE INSTRUCTION	ONS ON REVERSE				thro	ough <u>12/31/2023</u>		Page	of
NAME OF FILER							· · · · · ·	I.D. NUM	BER
Shant Kevork	ian							1465048	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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR 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		,					
Attach addit	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	3			
Schedule	C Summary						*Cor	tributor Co	des
1. Amount re (Include a	eceived this period – itemized nonmonetar II Schedule C subtotals.)	y contributior	ns.		\$ _		- cor	(other th	nt Committee nan PTY or SCC) .g., business entity)
2. Amount re	eceived this period – unitemized nonmone	tary contribut	ions of less than \$100	••••••	\$ _	·····	PTY	- Political	
	nonetary contributions received this periods 1 and 2, Enter here and on the Summar		mn A, Lines 4 and 10.)	ТОТ/	\L \$ _		_		

	pporting/Opposing Other additional description of the committees and Committees		to whole dollars	•	Statement cover 1/1/2023 from 10/01/202		CALIFORNIA 460		
EE INSTRUCTI AME OF FILER Shant Kevork					through <u>12/31/202</u>		I.D. NUMBI 1465048	of	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE 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)	
			Monetary Contribution						
			Nonmonetary Contribution						
	Support C) Oppose	Independent Expenditure						
			Monetary Contribution						
			Nonmonetary Contribution						
	Support 🔲 (Oppose	Independent Expenditure						
			Monetary Contribution						
			Nonmonetary Contribution						
	Support 🔲 (Oppose	Independent Expenditure						
				SUBTOTA	L \$				
Schedule	D Summary								
	contributions and independent	expenditures made	e this period. (Include a	ll Schedule D subtotal	s.)		\$		
2. Unitemize	ed contributions and independe	nt expenditures ma	ade this period of unde	· \$100			\$		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement cover from 1/1/2023 through 12/31/202	3 Pa	SCHEDULE D (CONT CALIFORNIA 460 FORM Page of	
Shant Kevork	cian				14	65048	
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 D CALENDAR YEA (JAN. 1 - DEC. 31	AR TO DATE	
		Monetary Contribution Nonmonetary					
		Contribution Independent					
	Support Oppose	Expenditure Monetary Contribution					
		Nonmonetary Contribution			·		
	☐ Support ☐ Oppose	Independent Expenditure Monetary					
		Contribution Nonmonetary					
	Support Dppose	Contribution Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			

"				SCHEDU			
Schedule E	Amounts may b			Statement covers period	CALIFORNIA 46		
Payments Made				from 1/1/2023			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through <u>12/31/2023</u>	- Page -	of	
Shant Kevorkian					14650	48	
CODES: If one of the following codes accurately CMP campaign paraphemalla/misc, CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain the campaign literature and mailings)	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s plain)* POS postage, deli	munications d appearance ses lating urvey researd very and mes	s	rwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology cost	n costs duction cost nd meals and meals es of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUMB)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID	
						i	
* Payments that are contributions or independent expenditures	must also be summarized on Scho	edule D.		S	UBTOTAL	\$ 0.00	
Schedule E Summary							
1. Itemized payments made this period. (Include al	l Schedule E subtotals.)				\$ _		
2. Unitemized payments made this period of under							
 Total interest paid this period on loans. (Enter ar Total payments made this period. (Add Lines 1, 	nount from Schedule B, Par 2, and 3. Enter here and on	t 1, Colum the Summ	n (e).) nary Page, Column	A, Line 6.) T	\$ OTAL \$	0.00	

Schedule E (Continuation Sheet) Payments Made		Amounts may be rounded to whole dollars.			atement covers period	SCHEDULE E (CON FORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throug	gh <u>12/31/2023</u>	Page	of	
Shant Kevorkian						1465048		
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mallings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su	munications appearances es ating urvey researd yery and mes	s h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campalgn workers' salaries t.v. or cable airtime and proc candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction costs and meals and meals and meals	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR ·	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID	

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

•		SCHEDULE					
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement coverage from 1/1/2023	ers period	CALIFORNIA 460			
			through 12/31/20)23			
SEE INSTRUCTIONS ON REVERSE			through		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 FIL candidate filing/ballot fees FND fundraising events IND legal defense LiT campaign literature and mallings	MBR member communication MTG meetings and appearan 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	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/sporvoter registration 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 I THIS PER (ALSO REPOR	IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	}	\$		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more, plus total unitemized.)	accrued expenses under (edule F. Column (c) subtot	\$100.) tals for payments on					

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

Schedule F	Amounts may be round	SCHEDULE F (CO				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement coverage from 1/1/2023	ers period	CALIFORNIA 46		
			through 12/31/20	023	Page	. of
NAME OF FILER			1		I.D. NUMBER	
Shant Kevorkian					1465048	
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	erwise, describe th	e payment.		
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/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 a	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads also be summarized on Sched	nces earch messenger services legal, accounting)	RAD radio airtime a returned control sal. campaign wore two candidate trav staff/spouse transfer betwee VOT voter registrati web radio airtime a returned control sale for the	ibutions kers' salaries rtime and producti el, lodging, and ma avel, lodging, and en committees of on	on costs eals meals the same cand	lidate/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 PA THIS PERIO (ALSO REPORT O	D BALA	(d) UTSTANDING ANCE AT CLOSI THIS PERIOD

SUBTOTALS \$

\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.				Statement covers period m	CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBE	v:
Shant Kevorkian						1465048	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LEG legal defense LTR campaign literature and mailings * Payments that are contributions or independent expenditures must also be summarized on Schedule D. MBR member communications MTG meetings and appearances OFC office expenses OFC office expenses OFC office expenses SAL Tv. or cable airtime and production returned contributions campaign workers' salaries TEL t.v. or cable airtime and production returned contributions campaign workers' salaries TEL t.v. or cable airtime and production policy and survey research POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration information technology costs * Payments that are contributions or independent expenditures must also be summarized on Schedule D.						ction costs meals nd meals of the same o	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR	DESCRIPTIO	ON 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.

			ay be rounded le dollars.		Statement cove	rs period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through12/31/20	hrough 12/31/2023		_ of	
NAME OF FILER							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 O FORGIVENES THIS PERIOD	S BALANCE AI	(0) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	\$	PAID S FORGIVEN S	\$DATE DUE	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	s	PAID \$ FORGIVEN \$	\$	RATE \$	\$DATE INCURRED	S PER ELECTION**
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. \$UBTOTALS \$						\$		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period	s of less than \$100.) ments of less than \$100.) 2 from Line 1.)				\$			**If Required

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(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be to whole doll	rounded ars.	Statement covers period	CALIFORNIA 160	
				from 1/1/2023	california 460	
				through 12/31/2023	Page of	
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE				I.D. NUMBER	
Shant Kevorkia	on .				1465048	
DATE	FULL NAME AND ADDRESS OF SOURCE	· · · · · · · · · · · · · · · · · · ·	pro-	ODIDTION OF DECEME	AMOUNT OF	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	INCREASE TO CASH	
			,			
Attach addit	ional information on appropriately labeled continuation sheets.			SUBTOTAL	\$	
Schedule I	•		· · · · · · · · · · · · · · · · · · ·			
1. Itemized inc	creases to cash this period	•••••••		\$	-	
2. Unitemized	increases to cash of under \$100 this period			\$	•	
3. Total of all i	nterest received this period on loans made to others. (Sche	dule H, Column	(e).)	\$	-	
4. Total misce	llaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)	3. Enter here a	nd on the	TOTAL \$		
Guilliary F	age, Line 17,)				FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	