

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CAMPAIGN FINANCE

CALIFORNIA FORM 460

Page _____ of _____
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Statement covers period
 from 7/1/24 Termination
 through 7/31/24 Termination

Date of election if applicable:
 (Month, Day, Year)
03/05/2024

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1465048

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Shant Kevorkian for Glendale School Board 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91214 818-515-6821

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
kevorkianforgusd@gmail.com

Treasurer(s)

NAME OF TREASURER
Tamar Zarugian

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 91214 818-588-7680

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 and complete.

Executed on 7-29-2024 By _____
 Date

Executed on 7-29-2024 By _____
 Date Signature Sponsor

Executed on _____ By _____
 Date

Executed on _____ By _____
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Shant Kevorkian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Glendale Unified School District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Glendale CA 91214

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from _____ Termination through _____ Termination	CALIFORNIA FORM 460
	Page _____ of _____
	I.D. NUMBER 1465048

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shant Kevorkian

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$ 0.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0.00	\$ 0.00

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
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 BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See Instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

To calculate Column B, add amounts in Column 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 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).

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

5125

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="checkbox"/> Not yet qualified or	<input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Date of termination
<input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Date qualification threshold met	07 / 29 / 2024

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1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) 1465048		NAME OF TREASURER Tamar Zarougian	
NAME OF COMMITTEE Shant Kevorkian for Glendale School Board 2024		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Los Angeles CA 90065	
STREET ADDRESS (NO P.O. BOX)		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE tnsbookkeeping@yahoo.com 818-588-7680	
CITY STATE ZIP CODE AREA CODE/PHONE Glendale CA 91214 818-515-6821		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) kevorkianforgusd@gmail.com		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE Glendale	NAME OF PRINCIPAL OFFICER(S) Serrineh Khachatourians	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE La Crescenta CA 91214	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE serrinehkhach@gmail.com 818-913-8188	

3. Verification

I have used all reasonable diligence in preparing this statement and herein is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on	<u>7-29-2024</u>	By	_____
	DATE		
Executed on	<u>7-29-2024</u>	By	_____
	DATE		
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME Shant Kevorkian for Glendale School Board 2024	I.D. NUMBER 1465048
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Glendale Area Schools Credit Union Shant Kevorkian and Tamar Zarougian	AREA CODE/PHONE 818-248-7425	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY Glendale	STATE CA	ZIP CODE 91208

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Shant Kevorkian	Glendale School Board Area A	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE