497 Contrib	ution Report		An	nounts may be round	ded to whole dollars.	1.00	RECEIV	ED BY	497 CON	TRIBUTIO	N REPORT
NAME OF FILER				Date of 01/19/2024		C A MACUES COUNT Date Stamp		CALIFORNIA 107			
Micah Ali for	Compton School Board	2024		This F	iling ^{01/19/2024}	- 102	4 JAN 19	AH 11: 02	FORM		
AREA CODE/PHONE NUMBER (if applicable)		le)		Report No. 8					icial Use (Only	
(424)704-1308		1293081				Repor	MPAIGN	FIMANC	-		
STREET ADDRESS				□ Am	endment				, ,,,	f 4	
c/o			to Rep	ort No			016646 CO7961				
CITY		STATE	ZIP CODE	(explain b	elow)		*		. 00	1	
Covina		CA	91722	No. of	Pages 2	-					
1. Contributi	on(s) Received			,							
DATE RECEIVED	FULL NAM		F ADDRESS AND ZIP CODE OF CONTRIBUT OMMITTEE, ALSO ENTER LD. NUMBER)		CONTRIBUTOR CODE *	·	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMO RECE	
01/18/2024	Diane Knowland					Ch	ief Executi	ve Officer			2,500.00

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
01/18/2024	Diane Knowland Rancho Palos Verdes, CA 90275	IND COM OTH PTY SCC	Chief Executive Officer Knowland Construction Services	2,500.00 Check if Loan Provide interest rate
01/18/2024	Jaimie Samuel Los Angeles, CA 90039	IND COM OTH PTY	Quality Assurance Elemental Cognition	2,000.00 ☐ Check if Loan — % Provide interest rate
01/19/2024	The Nazerian Group Encino, CA 91436	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		2,500.0
Reason for Amel	ndment:		*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Committee	ity)

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

497 Contribution	Report	Amount	s may be rounded to w	hole dollars.	RECEIVED BY	497 CON	ITRIBUTION REPORT
MAME OF FILER Micah Ali for Compton School Board 2024 AREA CODE/PHONE NUMBER (424)704-1308 STREET ADDRESS c/o CITY STATE Covina CA		Report No		01/19/2024 2024 .CA!	Date Stamp	FORM 497 FOR Official Use Only	
1. Contribution(s)		71,00					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IFCOMMITTEE, ALSO ENTER LD. NUMBER)		RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
	ers Contracting Corp.			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			2,500.00 Check if Loan % Provide interest rate
				IND COM OTH PTY SCC		1	Check if Loan
				IND COM OTH PTY SCC			Check if Loan
Reason for Amendment:					*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut	usiness entity)