

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Ben Zhang for Arcadia Unified School District 2022			Date of This Filing <u>04/06/2022</u>	<p>RECEIVED BY LOS ANGELES COUNTY 2022 APR -7 AM 10:02 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
AREA CODE/PHONE NUMBER (714) 745-5281	I.D. NUMBER (if applicable) 1443456		Report No. <u>ZHANG-003</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Fullerton	STATE CA	ZIP CODE 92835-4135	No. of Pages <u>1</u>		

1. Contribution(s) Received

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
04/05/2022	Lily Fang Alhambra CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Insur-All Insurance Services, Inc	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/05/2022	Felicia Lu Alhambra CA 91803-3918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trainee Nestle	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/05/2022	Charles Lu Alhambra CA 91803-3918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Shangrilailander Place Arcadia	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____



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497 CONTRIBUTION REPORT

NAME OF FILER Ben Zhang for Arcadia Unified School District 2022			Date of This Filing 03/25/2022	CALIFORNIA FORM 497 For Official Use Only 020541 C11609
AREA CODE/PHONE NUMBER (714) 745-5281	I.D. NUMBER (if applicable) 1443456		Report No. ZHANG-001	
STREET ADDRESS 1400 N Harbor Blvd Ste 550			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Fullerton	STATE CA	ZIP CODE 92835-4135	No. of Pages 1	

1. Contribution(s) Received

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
03/25/2022	Albert Chiang 2122 Judith Ct Arcadia CA 91007-8100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Hsu, Yao, Thuang & Chiang	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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