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Reason for Amendment: _

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497 Contrib	ution Report				LOS ARGELES COUNTY		
		Amount	ts may be rounded to v	vhole dollars.	2022 4450	497 C	ONTRIBUTION REPORT
NAME OF FILER			Date of		Date/Stampl IAIN	CALIFO	DRNIA 407
AMIRYANS FOR	SCHOOL BOARD 2022		This Filing _	03/11/2022	PAMBAIN		4101/
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable)		,,	CATTALL	1 1 F67	Official Use Only
(310)817-6679		1445096	Report No. 3	1122			
STREET ADDRESS			☐ Amendme				
CITY		STATE ZIP CODE	(explain below)			l	
Inglewood		CA 90301	No. of Pages	3			
1. Contribut	ion(s) Received						
DATE RECEIVED	FULL NAME	, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
03/10/2022	Kristin M. Levv dba	Aqua Buddies Swim School		☐ IND			1,000.00
	Sherman Oaks, CA 91	423		COM SOTH PTY SCC	. *		Check if Loan
03/10/2022	Donbella Inc	,		C 1112			1,000.00
	La Canada Flintridge	e, CA 91011		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan
03/10/2022	Fidelity Lending Par	rtners					Provide Interest rate 1,190.00
	Glendale, CA 91201			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
							Provide interest rate
			·		*Contributor Codes IND - Individual COM - Recipient Con	mittee (oth	or than PTV or SCC1

OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 497 (Feb/2019)
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www.fppc.ca.gov



03-11-2022

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497 Contribu	ution Report	Amounts	s may be rounded to w	hole dollars.	10 14 D LL AM 7: 1.7 497	CONTRIBUTION REPORT
NAME OF FILER AMIRYANS FOR S AREA CODE/PHONE	CHOOL BOARD 2022	I.D. NUMBER (if applicable)		03/11/2022	A MANAGEN FINANCE FO	ORNIA 497
(310)817-6679		1445096	Report No. 31	122		
	r Blvd., Suite 700		Amendme to Report No.			
Inglewood		STATE ZIP CODE CA 90301	(explain below) No. of Pages	3		202 CA
1. Contribution	on(s) Received					MAR MAR
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONTI (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT-F RECEIVED
03/10/2022	Grisha R Ovanesian Palm Desert, CA 922			☐ IND☐ COM☐ OTH☐ PTY☐ SCC	oranesian@gmail.com	Check if Coan
03/10/2022	Aline Ketefian Altadena, CA 91001-	1735		IND COM OTH PTY SCC	Physician Kaiser Permanete	1,190.00 Check if Loan % Provide Interest rate
03/10/2022	Armen Manssourian Glendale, CA 91202			IND COM OTH PTY SCC	Dentist Self-Employed - No Separate Business Name	1,190.00 Check if Loan Provide interest rate
Reason for Amend	dment:				*Contributor Codes IND – individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)

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Political Reporting Plus

03-11-2022

Political Reporting Plus

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NAME OF FILER				Date of		1011/10 At 1010	ORNIA 107
AMIRYANS FOR SC	CHOOL BOARD 2022				03/11/2022	FO	ORNIA 497
REA CODE/PHONE N	UMBER	I.D. NUMBER (if applicable	e)	٦ <u>.</u> ,		CAMPAIGN FINANCE	r Official Use Only
(310)817-6679		1445096		Report No. 3	1122		
REET ADDRESS				☐ Amendme	ent		
W. Manchester	Blvd., Suite 700			to Report No		1	
TY		STATE	ZIP CODE	(explain below)	_		
nglewood		CA	90301	No. of Pages	3		C,
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DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRI NTER ID NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEU-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED
3/11/2022	Aylin Aghazarian Sa	rokhian	,		X IND	Registered Dental Assistant A Dental Center	12390.0
	Glendale, CA 91204-	1139			СОМ		200
					□ OTH		Check if Loan
					☐ PTY ☐ SCC		
							Provide interest rate
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					D OTH		☐ Check if Loan
					□ PTY		%
							Provide interest rate
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					COM		
					OTH		☐ Check if Loan
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						IND – Individual	
						COM – Recipient Committee (off OTH – Other (e.g., business en	
						PTY Political Party	u.y,

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