

0164-Lcol

497 Contribution Report

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

RECEIVED BY
Date Stamp
497 CONTRIBUTION REPORT

NAME OF FILER
Ben Zhang for Arcadia Unified School District 2022

AREA CODE/PHONE NUMBER (714) 745-5281 I.D. NUMBER (if applicable) 1443456

STREET ADDRESS

CITY STATE ZIP CODE
Fullerton CA 92835-4135

Date of This Filing 04/18/2022

Report No. ZHANG-005

Amendment to Report No. _____ (explain below)

No. of Pages 1

2022 APR 19 PM 2:00

CAMPAIGN FINANCE

Email - 4/18/22

1 of 1

CALIFORNIA FORM 497

For Official Use Only

020541

C11609

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
04/18/2022	Air Rider International Corp. Walnut CA 91789-2720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/18/2022	Jia Wei Manhattan Beach CA 90266-6323	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director Trans World Enterprises Inc.	2000.00 <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

Reason for Amendment: _____

*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

