

Post to 0164

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
497 CONTRIBUTION REPORT

NAME OF FILER
AMIRYANS FOR SCHOOL BOARD 2022

AREA CODE/PHONE NUMBER
(310) 817-6679

I.D. NUMBER (if applicable)
1445096

STREET ADDRESS
L

CITY STATE ZIP CODE
Inglewood CA 90301

Date of This Filing **04/18/2022**

Report No. **41822**

Amendment to Report No. _____
(explain below)

No. of Pages **1**

Date Stamp
2022 APR 19 AM 11:

CAMPAIGN FINANCE

CALIFORNIA FORM **497**

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021153

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
04/16/2022	Ovanesian Enterprises, LLC(Barbara Ovanesian) Palm Desert, CA 92260-4689	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,190.00 <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

*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: _____

11:54:14 p.m. 04-18-2022

Political Reporting Plus

310 672 6679