497 CONTRIBUTION REPORT

2 CALIFORNIA FORM

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497 Contribution Report

AMIRYANS FOR SCHOOL BOARD 2022

I.D. NUMBER (if applicable)

NAME OF FILER

AREA CODE/PHONE NUMBER

(310)817-6679		1445096				Roport No		O'AL III		1,21
CITY Inglewood	STATE ZIP CODE CA 90301			Amendment to Report No. (explain below) No. of Pages 1			C11631			
	on(s) Received							<u> </u>		
DATE RECEIVED	FULL NAM	ME, STREET ADDRE	SS AN ALSOE	ID ZIP CODE OF CO	NTRIBUT	OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTERNAME OF	PLOYER BUSINESS)	AMOUNT RECEIVED
03/25/2022	Annette Markosyan Burbank, CA 91501						IND COM OTH PTY SCC	Chief Executive Officer Micon, Inc.		1,036.50
			•				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Provide interest rate Check if Loan Provide interest rate
							IND COM OTH PTY SCC			Check if Loan
Reason for Amend	dment:							"Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)
								•		

Amounts may be rounded to whole dollars.

Report No. 32622

This Filing ___03/26/2022

Date of

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