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497 CONTRIBUTION REPORT  
CALIFORNIA FORM 497  
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### 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER AMIRYANS FOR SCHOOL BOARD 2022		Date of This Filing 03/11/2022
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1445096	Report No. 31122
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Inglewood	STATE CA	ZIP CODE 90301
		No. of Pages 3

### 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
03/10/2022	Kristin M. Levv dba Aqua Buddies Swim School Sherman Oaks, CA 91423	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/10/2022	Donbella Inc La Canada Flintridge, CA 91011	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/10/2022	Fidelity Lending Partners Glendale, CA 91201	<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

\*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: \_\_\_\_\_

*[Handwritten Signature]*

03-11-2022 06:47:20 PM 1/3 310 672 6679 Political Reporting Plus

R=93% Page:001 ID:LA County RR/CC CFD 05:27PM From:310 672 6679

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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**  
1 W. Manchester Blvd., Suite 700

**CITY** Inglewood      **STATE** CA      **ZIP CODE** 90301

**Date of This Filing** 03/11/2022

**Report No.** 31122

**Amendment to Report No.** \_\_\_\_\_  
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**CALIFORNIA FORM 497**

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03/10/2022	Grisha R Ovanesian DDS Inc 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	oranesian@gmail.com	1,190.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/10/2022	Aline Ketefian Altadena, CA 91001-1735	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Kaiser Permanete	1,190.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/10/2022	Armen Manssourian Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed - No Separate Business Name	1,190.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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03/11/2022	Aylin Aghazarian Sarokhian Glendale, CA 91204-1139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Dental Assistant A Dental Center	1,390.00
		<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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