497 Contribu	ıtion Report		Amount	s may be rounded to w		RECEIVED BY	497 C	ONTRIBUTION REPORT
NAME OF FILER Krpekyan for School Board 2024				Date of This Filing	02/01/2024	ANGCIDATE STAMPUTETY	CALIFO	RNIA 107
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					FEB - 1 PM 12: 52		Official Use Only	
(626) 833-8063 1462665		Report No. 24	C A	MPAIGN FINANCE	_			
STREET ADDRESS			Amendme to Report No.	nt	TH AIGHT MARCOL	021623		
CITY		STATE CA	ZIP CODE 91204	No. of Pages	1			1-(18
	on(s) Received							
DATE RECEIVED	FULL NAME	LL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CONTRIBUTOR CODE *			AMOUNT RECEIVED
01/31/2024	Vahe Shakhqeldyan			``	IND IND	Attorney Beloryan & Manukyan LLP		1,340.00
	Sylmar, 91342				COM OTH PTY SCC	beloryan a manunyan bib		☐ Check if Loan
								Provide interest rate
01/31/2024	Nona Mikayelyan Sylmar, 91342				IND COM OTH PTY SCC	Homemaker		□ Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amer	ndment:			-		*Contributor Codes IND – Individual COM – Recipient Colore OTH – Other (e.g., b PTY – Political Party SCC – Small Contribution	usiness ent	er than PTY or SCC)