

497 Contribution Report

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

RECEIVED BY
LOS ANGELES COUNTY
497 CONTRIBUTION REPORT

NAME OF FILER Aghakhanian for Burbank School Board Area 5 2024		Date of This Filing 8/8/2024	Date Stamp 2024 AUG -8 P CALIFORNIA FORM 497 CAMPAIGN FINANCE Official Use Only
AREA CODE/PHONE NUMBER 818-640-9797	LD. NUMBER (if applicable) 1470441	Report No. 1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1
CITY Burbank	STATE CA	ZIP CODE 91504	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER LD. NUMBER)</small>	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/8/2024	Vlad Minasyan Los Angeles, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Safe Med Tranz Inc.	\$1,000.00 <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

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