Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of	Date Stamp	CALIFORNIA 497	
Sameen Ahmadnia for CCUSD Sc	hool Board 2024		This Filing		FORM 431
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable	(e)	Report No. 001	E-Filed	For Official Use Only
(475)999-2653	1473674			10/13/2024 22:20:36	
STREET ADDRESS				Filing ID: 212299897	
CITY	STATE	ZIP CODE	(explain below)		
Los Angeles	CA	90034	No. of Pages6		

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
07/19/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	64.00
		OTH		☐ Check if Loan
		SCC		Provide interest rate
07/26/2024	Tarsa Ahmadnia Laguna Hills, CA 92653		Self Employed - Dentist Forest Family Dentistry	1,400.00
		OTH		☐ Check if Loan
		□ scc		Provide interest rate
08/02/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	200.00
		OTH		☐ Check if Loan
		SCC		Provide interest rate

Reason for Amendment: Filing Amendment in response to Complaint No. COM-09302024-03478

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

		Date of	Date Stamp	CALIFORNIA	497	
Sameen Ahmadnia for CCUSD Schoo	ol Board 2024		This Filing10/13/2024		FORM	TJI
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable	e)	Report No. 001		For Official U	se Only
(475)999-2653	1473674		Report No. 901			
STREET ADDRESS						
CITY	STATE	ZIP CODE	(explain below)			
Los Angeles	CA	90034	No. of Pages6			

1. Contribution(s) Received

				1
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
08/08/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	29.55
		OTH PTY		☐ Check if Loan
		□ scc		% Provide interest rate
08/08/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	50.00
		OTH		☐ Check if Loan
		SCC		% Provide interest rate
08/11/2024	Tarsa Ahmadnia Laguna Hills, CA 92653	X IND	Self Employed - Dentist Forest Family Dentistry	1,100.00
		☐ COM ☐ OTH ☐ PTY		☐ Check if Loan
		scc		Provide interest rate

Reason for Amendment: Filing Amendment in response to Complaint No. COM-09302024-03478

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497 CONTRIBUTION REPORT

NAME OF FILER		Date of	Date Stamp	CALIFORNIA 497	
Sameen Ahmadnia for CCUSD Sch	hool Board 2024		This Filing10/13/2024		FORM 491
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable	e)			For Official Use Only
(475)999-2653	1473674		Report No. 001		
STREET ADDRESS			X Amendment to Report No. 001		
CITY	STATE	ZIP CODE	(explain below)		
Los Angeles	CA	90034	No. of Pages6		

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
08/23/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	171.02
		OTH		☐ Check if Loan
		□ scc		Provide interest rate
08/30/2024	Disa Lindgren Culver City, CA 90232		Technical Assistance & Support Coordinator Insperity CA CCR&R Network	500.00
		☐ PTY ☐ SCC		% Provide interest rate
09/01/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	120.00
		OTH PTY		☐ Check if Loan
		SCC		Provide interest rate

Reason for Amendment: Filing Amendment in response to Complaint No. COM-09302024-03478

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497 CONTRIBUTION REPORT

NAME OF FILER			Date of	Date Stamp	CALIFORNIA 497
Sameen Ahmadnia for CCUSD School Board 2024			This Filing		FORM 431
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable	е)	Report No. 001		For Official Use Only
(475)999-2653	1473674		report no.		
STREET ADDRESS					
CITY	STATE	ZIP CODE	(explain below)		
Los Angeles	CA	90034	No. of Pages6		

1. Contribution(s) Received

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL,	AMOUNT
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED
09/01/2024	Fawaz Istwani Culver City, CA 90232	X IND	Restaurant Owner Jackson Market	1,000.00
		☐ COM		
		☐ OTH		☐ Check if Loan
		☐ PTY		
		□ scc		%
				Provide interest rate
09/02/2024	Sameen Ahmadnia Culver City, CA 90232	X IND	Attorney Fragomen, Del Rey, Bernsen &	200.00
		COM	Loewy, LLP	
		ОТН		☐ Check if Loan
		☐ PTY		
		│		%
				Provide interest rate
09/10/2024	Disa Lindgren Culver City, CA 90232	X IND	Technical Assistance & Support Coordinator	500.00
		COM	Insperity CA CCR&R Network	
		ОТН		☐ Check if Loan
		□ PTY		Oncok ii Lodii
		scc		%
				Provide interest rate

Reason for Amendment: Filing Amendment in response to Complaint No. COM-09302024-03478

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497 CONTRIBUTION REPORT

NAME OF FILER			Date of	Date Stamp	CALIFORNIA	407
Sameen Ahmadnia for CCUSD School Board 2024			This Filing10/13/2024		FORM	497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable	9)	Report No. 001		For Official U	se Only
(475)999-2653	1473674		Report No. 332			
STREET ADDRESS						
CITY	STATE	ZIP CODE	(explain below)			
Los Angeles	CA	90034	No. of Pages6			

1. Contribution(s) Received

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED
09/13/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	41.12
		☐ OTH ☐ PTY		☐ Check if Loan
		□ scc		Provide interest rate
09/13/2024	Tarsa Ahmadnia Laguna Hills, CA 92653		Self Employed - Dentist Forest Family Dentistry	425.00
		OTH PTY		☐ Check if Loan
		SCC		% Provide interest rate
09/14/2024	Sameen Ahmadnia Culver City, CA 90232		Attorney Fragomen, Del Rey, Bernsen & Loewy, LLP	200.00
		OTH PTY		☐ Check if Loan
		□ scc		Provide interest rate

Reason for Amendment: Filing Amendment in response to Complaint No. COM-09302024-03478

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497 CONTRIBUTION REPORT

		Date of This Filing 10/13/2024	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (475)999-2653	I.D. NUMBER (if applicable 1473674	e)	Report No. 001		For Official Use Only
STREET ADDRESS			X Amendment to Report No. 001		
CITY	STATE	ZIP CODE	(explain below)		
Los Angeles	CA	90034	No. of Pages6		

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
09/14/2024	David Greene Washington, DC 20009		Business Owner Maydan	1,000.00 Check if Loan ** Provide interest rate
09/14/2024	Haifaa Moammar Culver City, CA 90230		Not Employed Not Employed	2,500.00 Check if Loan ** Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ————————————————————————————————————

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