					REGEIVED BY	497 CONTRIBUTION REPOR
NAME OF FILER			Date of		NGE Date Stambil TV	CALIFORNIA 497
	os Angeles Sheriff		This Filing	03/18/2022	AR 18 PM 12: 51	TORM
AREA CODE/PHONE NUMBER I.D. NUMBER (# applicable)		Report No. 2022-4		WIV 10 LUIS-21	For Official Use Only	
(626) 222-3822 1439325		PROPOSI		POSITION B UNIT		
TREET ADDRESS			☐ Amendme	nt	OOLITON B CMIL	
			to Report No. (explain below)	•	·	
CITY	STATE ZII GODE			1		
West Covina		CA 91791	No. of Pages			
1. Contributio	on(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	
03/17/2022	Ashot Margaryan			X IND	Executive	1,500.0
Glendale, CA 91206				□ COM □ OTH □ PTY	TIR Public Advisor	☐ Check if Loan
				scc		Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————
Reason for Amend	lment:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut	