

497 Contribution Report

PROP S

Amounts may be rounded to whole dollars.

1472393

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER
Citizens for Las Virgenes Unified School District

AREA CODE/PHONE NUMBER (818) 449-6300
I.D. NUMBER (if applicable) 1450805

STREET ADDRESS

CITY Agoura Hills **STATE** CA **ZIP CODE** 91301

Date of This Filing 10/20/2022

Report No. 10

Amendment to Report No. (explain below)

No. of Pages 1

LOS ANGELES COUNTY
2022 OCT 21 AM 9:00
CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA FORM 497

For Official Use Only

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
10/19/2022	Farshad Abdoh Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RNA PM	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