

0164 R-93%

RECEIVED BY LOS ANGELES COUNTY

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Diana Craighead for School Board 2022

**AREA CODE/PHONE NUMBER** (310) 817-6679

**I.D. NUMBER (if applicable)** 1401235

**STREET ADDRESS**

**CITY** Inglewood **STATE** CA **ZIP CODE** 90301

**Date of This Filing** 03/18/2022

**Report No.** 31822

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

Date Stamp: 2022 MAR 18 PM 4

CAMPAIGN FINANCE

**CALIFORNIA FORM 497**

For Official Use Only

018948

C11616

## 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
03/18/2022	Megan Kerr for School Board 2022 Long Beach, CA 90807-1520 Committee ID # 1355481	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

\*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

Reason for Amendment: \_\_\_\_\_

1/1  
 03-18-2022  
 03:17 p.m.  
 Political Reporting Plus  
 310 672 6679

Page: 001  
 ID: LA County RR/CC CFD  
 MAR 18 2022 12:45PM From: 310 672 6679

# 497 Contribution Report

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RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Diana Craighead for School Board 2022		Date of This Filing 01/28/2022	Date Stamp 2022 JAN 28 PM	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1401235	Report No. 012622	For Official Use Only	
STREET ADDRESS 1 W Manchester Blvd., Suite 700		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY Inglewood	STATE CA			

018948

C 11616

## 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
01/26/2022	Diana Craighead 1 W Manchester Blvd., Suite 700 Inglewood, CA 90301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	5,000.00 <i>off</i>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input checked="" type="checkbox"/> Check if Loan -0- 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

014420

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 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
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 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

*EW*