

# 497 Contribution Report

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

0164

497 CONTRIBUTION REPORT

NAME OF FILER  
Ben Zhang for Arcadia Unified School District 2022

AREA CODE/PHONE NUMBER (714) 745-5281 I.D. NUMBER (if applicable) 1443456

STREET ADDRESS

CITY Fullerton STATE CA ZIP CODE 92835-4135

Date of This Filing 04/06/2022

Report No. ZHANG-003

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

No. of Pages 1

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1 of 1

**CALIFORNIA FORM 497**

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## 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
04/05/2022	Lily Fang Alhambra CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Insur-All Insurance Services, Inc	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/05/2022	Felicia Lu Alhambra CA 91803-3918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trainee Nestle	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/05/2022	Charles Lu Alhambra CA 91803-3918	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Shangrilailander Place Arcadia	1000.00 <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



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