

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Dr Aakash Ahuja for W.S. Hart School Board 2024			Date of This Filing 09/13/2024 Report No. 141 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 2	Date Stamp E-Filed 09/13/2024 08:03:09 Filing ID: 212084419	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (612)201-3488	I.D. NUMBER (if applicable) 1467531				
STREET ADDRESS					
CITY Santa Clarita	STATE CA	ZIP CODE 91354			

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
09/12/2024	Dr. Aakash Ahuja Santa Clarita, CA 91354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychiatrist California State Prisons	4,000.00 <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

Additional Comments
Form 497 Contribution Report

ADDITIONAL COMMENTS

CALIFORNIA
FORM 497

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I.D. NUMBER
1467531

NAME OF FILER

Dr Aakash Ahuja for W.S. Hart School Board 2024

Contribution in the form of a Loan Received. Interest on Loan is: 0