

497 Contribution Report

Amounts may be rounded to whole dollars.

11/9/22

NAME OF FILER
Committee to elect Brad Crihfield to Bellflower Unified School District Board

AREA CODE/PHONE NUMBER
562.673.7641

I.D. NUMBER (if applicable)
1451160

STREET ADDRESS

CITY
Lakewood

STATE
Ca

ZIP CODE
90713

Date of This Filing 11/9/22

Report No. 19

Amendment to Report No. _____
(explain below)

No. of Pages 1

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2022 NOV 10 AM 9:10
CAMPAIGN FINANCE DISCLOSURE SECTION
Email

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
11/9/22	Bellflower Teachers Association Bellflower, Ca. 90706 In-Kind Literature Drop	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500 <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

