

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

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
10/6/22

Report No.
10

Amendment to Report No. _____
(explain below)

No. of Pages
1

LOS ANGELES COUNTY
2022 OCT -7 AM 9:
CALIFORNIA FORM 497
For Official Use Only
CAMPAIGN FINANCE
10-6-22 Email

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
10/6/22	Arnold Glasman Industry Ca. 91746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law/Alvarez-Glasman & Colvin	2500 <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