

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to elect Daniel A. Buffington to Bellflower Unified School District school			Date of This Filing 10-3-2024	Date Stamp <div style="border: 1px solid black; padding: 2px; transform: rotate(-5deg); display: inline-block;"> RECEIVED BY OS ANGELES COUNTY 2024 OCT -4 AM 8:42 CAMPAIGN FINANCE </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-902-1438	I.D. NUMBER (if applicable) 1473717		Report No. 2		
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Bellflower	STATE CA	ZIP CODE 90706	No. of Pages 1 OF 1		

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
10-2-2024	TYR, INC. HUNTINGOTN BEACH,, CA 92648	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <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