

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER *Committee to elect Daniel Allen Buffington to Bellflower BUSD School Board*

AREA CODE/PHONE NUMBER 562-920-1438 I.D. NUMBER (if applicable) 1473717

STREET ADDRESS

CITY Bellflower STATE CA ZIP CODE 90706

Date of This Filing 9-4-2024

Report No. 1

☐ Amendment to Report No. (explain below)

No. of Pages 1 of 1

④ TV Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 SEP -5 AM 11:41  
CAMPAIGN FINANCE

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
9-4-2024	Daniel Allen Buffington Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	<input checked="" type="checkbox"/> Check if Loan 10,000.00 % 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