

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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  
10/7/22

Report No.  
12

Amendment to Report No. \_\_\_\_\_  
(explain below) 1

No. of Pages  
1

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LOS ANGELES COUNTY

Date Stamp  
2022 OCT 11 AM 9:24

CAMPAIGN FINANCE

10/7/22 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
10/7/22	IBE Digital Garden Grove, Ca. 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000 <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

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