

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER TATUM FOR SCHOOL BOARD 2024			Date of This Filing <u>01/28/2024</u>	Date Stamp JAN 29 PM 1:10	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1463235	Report No. <u>12824</u>			
STREET ADDRESS CITY STATE ZIP CODE Inglewood CA 90301			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
No. of Pages <u>1</u>					

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
01/28/2024	Casey Scott Lakewood, CA 90712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,036.58 <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

*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

Reason for Amendment: _____

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RECEIVED BY
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER TATUM FOR SCHOOL BOARD 2024		Date of This Filing 02/02/2024	Date Stamp 2024 FEB -5 AM 8:	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1463235	Report No. 2224	CAMPAIGN FINANCE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 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
02/02/2024	Casev Scott Lakewood, CA 90712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	3,036.58 <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
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