

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

CALIFORNIA
FORM **497**

For Official Use Only

Date Stamp
2024 FEB 20 AM 8
CAMPAIGN FINANCE

NAME OF FILER TATUM FOR SCHOOL BOARD 2024		Date of This Filing 02/19/2024
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1463235	Report No. 21924
STREET ADDRESS 1		<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
02/19/2024	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	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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NAME OF FILER TATUM FOR SCHOOL BOARD 2024		Date of This Filing <u>02/19/2024</u>	Date Stamp 2024 FEB 20 AM 8:44	CALIFORNIA FORM 497 For Official Use Only
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