

**497 Contribution Report**

Amounts may be rounded to whole dollars.

8/21/22 Email  
RECEIVED BY  
0218

NAME OF FILER Committee to Elect Brad Crihfield to Bellflower Unified School District Board		Date of This Filing 8/21/22	Date Stamp <b>LOS ANGELES CALIFORNIA FORM 497</b> 2022 AUG 22 CAMPAIGN FINANCE For Official Use Only 020786
AREA CODE/PHONE NUMBER 562.673.7641	I.D. NUMBER (if applicable) 1451160	Report No. 2	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Lakewood	STATE Ca.	ZIP CODE 90713	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
8/21/22	Jon Byun Kidz Town Lakewood Ca. 90713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/Operator Kidz Town	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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