STREET ADDRESS	
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CITY	
Inglewood	
1. Contribut	ion(
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Amounts	may	be	rounded	to	whole	dollar
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NAME OF FILER		Date of This Filing 02/19/2024	2024 FEB 20 AM 8 CALIFORNIA 497
TATUM FOR SCHOOL BOARD 2024 AREA CODE/PHONE NUMBER (310) 817-6679 1463235		Report No. 21924	CAMPAIGN FINANCE For Official Use Only
STREET ADDRESS		Amendment to Report No.	
CITY Inglewood	STATE ZIP CODE CA 90301	(explain below) No. of Pages1	·

s) Received

497 Contribution Report

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 d Lakewood, CA 90712	IND COM OTH PTY SCC	Retired None	1,036.5
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan ** Provide Interest rate

IND-Individual

Reason for Amendment:

*Contributor Codes

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

I.D. NUMBER (if applicable) 1463235	This Filing Report No. 2	02/19/2024	1111 0 4	CIVI
1463235	Kegort No. "	1924	For A MONA TON TIME	or Official Use Only
(310) 817-6679 1463235 STREET ADDRESS			CAMPAIGN FINANCE	
CITY STATE ZIP CODE Inglewood CA 90301		1		
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FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER LD. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/19/2024		IND COM OTH PTY SCC	Retired None	1,036.5 Check if Loan Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
	CA 90301 CECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF COMMITTEE, ALSO ENTER I.D. NUMBER) COLL	CA 90301 No. of Pages Ceived FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CA 90301 No. of Pages 1 PCECIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID. NUMBER) CODE * CODE * COM OTH PTY SCC IND COM OTH PTY SCC	CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC