

Recipient Committee Campaign Statement Cover Page

COVER PAGE

| | |
|--|---|
| Date Stamp | CALIFORNIA FORM 460 |
| RECEIVED BY LOS ANGELES COUNTY ④ Ng 2022 SEP 2 PM 12:30 CAMPAIGN FINANCE | Page 1 of 8 For Official Use Only C 11372 |

Statement covers period
from 7/1/2022
through 9/2/2022

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input checked="" type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1428203

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Brad Crihfield to Bellflower Unified School District Board 2020

STREET ADDRESS (NO P.O. BOX)

| | | | |
|----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Lakewood | Ca. | 90713 | (562)673-7641 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

BCRIHFIELD@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

Amanda Crihfield

MAILING ADDRESS

| | | | |
|----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Lakewood | Ca. | 90713 | (562)400-1867 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the attached schedules is true and complete. I

Executed on 9.2.22
Date

Executed on 9.2.22
Date

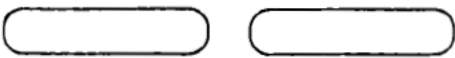
Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Sponsor



**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Brad Crihfield

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Bellflower Unified School District Board of Education

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Lakewood Ca. 90713

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary



Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/2022</u> | CALIFORNIA FORM 460 |
| through <u>9/2/2022</u> | |
| Page <u>3</u> of <u>8</u> | I.D. NUMBER 1428203 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Brad Crihfield

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 1825 | \$ 1825 |
| 2. Loans Received..... Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 1825 | \$ 1825 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 1825 | \$ 1825 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 5316 | \$ 5889 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 5316 | \$ 5889 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 5316 | \$ 5889 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|---------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 3491 |
| 13. Cash Receipts..... Column A, Line 3 above | 1825 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 5316 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0 |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

| | |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/22</u> through <u>9/2/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Brad Crihfield | I.D. NUMBER 1428203 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/3/22 | Debra Goerlitz Lakewood Ca. 90712 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Director/ Orange County Research Center | 100 | 100 | |
| 7/12/22 | Jonathan Byun Cypress, Ca. 90630 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner/Kidz Town LB | 100 | 100 | |
| 7/12/22 | Cassandra Chase Lakewood, Ca. 90715 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Director/Chase Consulting Group | 100 | 100 | |
| 7/12/22 | Ryan Schempp Bakersfield Ca. 93314 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Project Engineer Carpenter/Colombo Construction | 500 | 500 | |
| 7/12/22 | Jov Janes Lakewood, Ca. 90713 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unemployed | 100 | 100 | |

SUBTOTAL \$ 900

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1700
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 125
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 1825

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7/1/22</u> through <u>9/2/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>8</u> |

| | |
|--|-------------------------------|
| NAME OF FILER Brad Crihfield | I.D. NUMBER 1428203 |
|--|-------------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/26/22 | Janndon Evans Fountain Valley, Ca 92708 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Librarian/BUSD | 100 | 100 | |
| 8/6/22 | Jov Janes Lakewood Ca. 90713 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unemployed | 500 | 600 | |
| 8/6/22 | Teresa Landers Long Beach Ca. 90808 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unemployed | 100 | 100 | |
| 8/16/22 | Joy Janes Lakewood Ca. 90713 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unemployed | 100 | 700 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 800 | | | | | | |

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>7/1/2022</u> through <u>9/2/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>8</u> |
| | I.D. NUMBER 1428203 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brad Criffield

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Julie Rentz | RFD | | 500 |
| Jennifer Meardon | RFD | | 500 |
| Alex Kitay | RFD | | 530 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1530

Schedule E Summary

- | | |
|--|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 4695 |
| 2. Unitemized payments made this period of under \$100. | \$ 621 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 5316 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7/1/22</u> through <u>9/2/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>8</u> |
| | I.D. NUMBER 1428203 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brad Crihfield

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Mark Dameron Lakewood, Ca. 90713 | RFD | | | 1544 |
| Debra Goerlitz Lakewood Ca. 90712 | RFD | | | 95 |
| Jonathan Bvun Cypress, Ca. 90630 | RFD | | | 95 |
| Cassandra Chase Lakewood, Ca. 90715 | RFD | | | 95 |
| Ryan Schempp Bakersfield Ca. 93314 | RFD | | | 478 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2307



**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>7/1/22</u> through <u>9/2/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>8</u> |
| | I.D. NUMBER 1428203 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brad Crihfield

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Joy Janes Lakewood Ca. 90713 | RFD | | 668 |
| Jordan Evans Ca 92708 | RFD | | 95 |
| Teresa Landers Long Beach Ca. 90808 | RFD | | 95 |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 858

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination - See Part 5 |
| <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| ____/____/____ | ____/____/____ | 9 / 2 / 22 |

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
④ N9
2022 SEP -2 PM 12: 30
CAMPAIGN FINANCE

CALIFORNIA FORM 410
For Official Use Only
C 11372

| | | | | | | | |
|--|--|--|--|--|---------------------|--------------------------|--|
| 1. Committee Information | | I.D. Number 1428203 <i>(if applicable)</i> | | 2. Treasurer and Other Principal Officers | | | |
| NAME OF COMMITTEE Committee to Elect Brad Crihfield to Bellflower Unified School District Board 2020 | | | | NAME OF TREASURER Amanda Crihfield | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Lakewood | STATE Ca. | ZIP CODE 90713 | AREA CODE/PHONE 562.400.1867 |
| CITY Lakewood | STATE Ca. | ZIP CODE 90713 | AREA CODE/PHONE 562.673.7641 | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) bcrihfield@gmail.com | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COUNTY OF DOMICILE Los Angeles | JURISDICTION WHERE COMMITTEE IS ACTIVE | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 9.22 By _____
DATE

Executed on 9.2.22 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

| | |
|--|------------------------|
| COMMITTEE NAME Committee to Elect Brad Crihfield to Bellflower Unified School District Board 2020 | I.D. NUMBER 1428203 |
|--|------------------------|

- All committees must list the financial institution where the campaign bank account is located.

| | | |
|--|---------------------------------|------------------------------------|
| NAME OF FINANCIAL INSTITUTION Banner Bank | AREA CODE/PHONE 323.935.6132 | BANK ACCOUNT NUMBER 58606006978 |
| ADDRESS | CITY Los Angeles | STATE ZIP CODE Ca. 90036 |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|---|---|------------------|--|----------|------------------------------|
| Brad Crihfield | Bellflower Unified School District Board | 2020 | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | | |