

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Santa Monicans for Council Term Limits, Yes on Measure TL		Date of This Filing 09/13/2018	Date Stamp	<div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;"> E-Filed 09/13/2018 18:44:41 Filing ID: 173659320 </div>
AREA CODE/PHONE NUMBER (916) 348-9100	I.D. NUMBER (if applicable) 1402643	Report No. 09132018-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Monica	STATE CA	ZIP CODE 90409	No. of Pages 1	

CALIFORNIA FORM 497

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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
09/12/2018	Grafton S. Harper Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Blue Skys, LLC	2,000.00 <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: _____