

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Committee for Safe & Modern Santa Monica Schools - Yes on SMS		<b>Date of This Filing</b> <u>10/07/2018</u>	<b>Date Stamp</b>	<div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;"> E-Filed  10/07/2018  13:32:34   Filing ID:  174137632 </div>
<b>AREA CODE/PHONE NUMBER</b> (310)828-3708	<b>I.D. NUMBER (if applicable)</b> 1408707	<b>Report No.</b> <u>018</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Santa Monica	<b>STATE</b> CA	<b>ZIP CODE</b> 90403	<b>No. of Pages</b> <u>1</u>	

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
10/07/2018	HMC Architects Ontario, CA 91764	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/07/2018	Santa Monica Alternative Schoolhouse PTSA Santa Monica, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,500.00  <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

\*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: \_\_\_\_\_