

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|  |   |  |                              |   |   |
|--|---|--|------------------------------|---|---|
| <b>NAME OF FILER</b><br>Sion Roy for Santa Monica College Board of Trustees 2018 |   | <b>Date of This Filing</b> <u>10/08/2018</u>                                     | <b>Date Stamp</b>            | <div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;"> E-Filed<br/>10/08/2018<br/>15:51:26<br/><br/> Filing ID:<br/>174149222 </div> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(213) 489-4792                                  | <b>I.D. NUMBER (if applicable)</b><br>1409623 | <b>Report No.</b> <u>6</u>   |                              |   |   |
| <b>STREET ADDRESS</b>  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                              |   |   |
| <b>CITY</b><br>Long Beach  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90802   | <b>No. of Pages</b> <u>1</u> |   |   |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED   |
|---------------|--|---|--|---|
| 10/07/2018    | Paul Song<br>Santa Monica, CA 90402  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chief Medical Officer<br>NK Max America  | 1,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate         |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>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