

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Committee for Safe & Modern Santa Monica Schools - Yes on SMS		Date of This Filing <u>10/09/2018</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> E-Filed 10/09/2018 13:48:52 Filing ID: 174163705 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)828-3708	I.D. NUMBER (if applicable) 1408707	Report No. <u>019</u>		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Monica	STATE CA	ZIP CODE 90403	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/09/2018	Community for Excellent Public Schools (ID# 1243108) Santa Monica, CA 90403		1,000.00	

Reason for Amendment: _____