

0218

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER
Santa Monica College Faculty Assn Political Committee

AREA CODE/PHONE NUMBER
(310)434-4394

I.D. NUMBER (if applicable)
950204

STREET ADDRESS

CITY Santa Monica **STATE** CA **ZIP CODE** 90405

Date of This Filing 10/19/2022

Report No. 101922

Amendment to Report No. (explain below)

No. of Pages 1

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/19/2022	Snell 4 Santa Monica College Trustee c/o Political Reporting Plus Inglewood, CA 90301 ID# 1368123	Barry Snell Santa Monica College Board of Trustees	10,000	11/8/2022

Reason for Amendment _____