

0218-4

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Santa Monica College Faculty Assn Political Committee</b>		Date of This Filing <b>9/13/2022</b>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only  <b>G05514</b>
AREA CODE/PHONE NUMBER <b>(310)434-4394</b>	I.D. NUMBER (if applicable) <b>950204</b>	Report No. <b>091322</b>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Santa Monica</b>	STATE <b>CA</b>	ZIP CODE <b>90405</b>	No. of Pages <b>1</b>	

## 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)
09/12/2022	Tom Peters 4 Santa Monica College Inglewood, CA 90301 ID# 1450111	Tom Peters Santa Monica College Board of Trustees	5,000	11/8/2022

Reason for Amendment: \_\_\_\_\_