

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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ADD N

<b>NAME OF FILER</b> Michael D. Sullivan and Affiliated Entities		<b>Date of This Filing</b> 1/14/2025	RECEIVED LOS ANGELES COUNTY 2025 JAN 14 PM 5:07 CAMPAIGN FINANCE	CALIFORNIA FORM <b>497</b> For Official Use Only M 19698
<b>AREA CODE/PHONE NUMBER</b> (310) 531-9497	<b>I.D. NUMBER (if applicable)</b>	<b>Report No.</b> 101024		
<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> 90404	<b>No. of Pages</b> 2	

**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)
10/10/2024	Committee for the 2024 Santa Monica School Bond  Santa Monica, CA 90405-4308 ID: 1472514	Santa Monica Schools Repair/Improvement Bond Measure Santa Monica Malibu Unif. School Dist. NO: QS	\$1,000.00	11/05/2024

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

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		<b>No. of Pages</b> 2		

**1. Contributions Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
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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