

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing _____	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER <i>(if applicable)</i>	Report No. _____		
STREET ADDRESS		Amendment to Report No. _____ <i>(explain below)</i>		
CITY	STATE	ZIP CODE	No. of Pages _____	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		IND COM OTH PTY SCC		Check if Loan _____% <small>Provide interest rate</small>
		IND COM OTH PTY SCC		Check if Loan _____% <small>Provide interest rate</small>
		IND COM OTH PTY SCC		Check if Loan _____% <small>Provide interest rate</small>

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