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AREA CODE/PHONE NUMBER (# applicable)		2			Official Line Only		
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TREET ADDRESS							
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. Contribution(	s) Received						
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DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO  (IF COMMITTEE, ALSO ENTER LD. NUMBER)			OR	CONTRIBUTOR CODE*	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
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acon for Amenda	ont					PTY - Political Party	
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FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov