1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/23/2020</td>
<td>Charlotte Hill</td>
<td>✓ IND</td>
<td>Student</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

* 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

Reason for Amendment: ____________________________

FPPC Form 497 (Feb/2019)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov