Amounts may be rounded to whole dollars.

_		Date Stamp CALIFORNIA 49	
Report No.		RECEIVED For Official Use Only	
Amendment to Report No		SEP 2 6 2017	
No. of Pages			
BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan Provide interest rate
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
		OTH - Other (e.g., business enti PTY - Political Party	ty)
	Amendmer to Report No. (explain below) No. of Pages	Amendment to Report No. (explain below) No. of Pages 1 BUTOR CONTRIBUTOR CODE * IND X COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC	Report No

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