## 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 (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/6/18</td>
<td>Planned Parenthood Central Coast Action Fund PAC</td>
<td></td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td>518 Garden Street Santa Barbara, CA. 93101</td>
<td></td>
<td></td>
<td></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 (Jul/2016)_
_FPPC Advice: advice@fppc.ca.gov (866/275-3772)_
_www.fppc.ca.gov_