## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

					497 CC	ONTRIBUTION REPORT
NAME OF FILER	Date of		Date Stamp	CALIFORNIA 497		
Line in the Sand	This Filing08/29/2018			FORM 491		
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)		Donort No. 20	18 0824 1	E-Filed 08/29/2018 21:36:36	For Official Use Only	
(949)612-7521	1369133	Report No. 2018.0824.1				
STREET ADDRESS		X Amendment to Report No. 2018.0824.1		Filing ID: 173397575		
CITY	STATE ZIP CODE	(explain below)	1			
Newport Beach	CA 92663	No. of Pages	1			
1. Contribution(s)	Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *			AMOUNT RECEIVED
			☐ IND☐ COM☐ OTH☐ PTY			☐ Check if Loan
			scc			Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
Reason for Amendment:	Contribution received was misreported on Form	497.		*Contributor Codes IND – Individual COM – Recipient Colore OTH – Other (e.g., because of the contribution	ousiness ent	ity)

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov