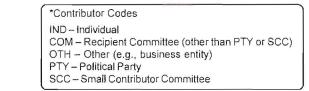
497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

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1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
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Reason for Amendment:

FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)