497 Contributi	on Report
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Amounts may be rounded to whole dollars.

AREA CODE/PHONE NU	MBER I.D. NUMBER (if applicable)	Date of This Filing Report No. Amendmento Report No. (explain below) No. of Pages	t .	Date Stamp	CALIFO FOR	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR CONTRIBUTOR CODE*		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
the / 200	From Callison,		☐ ÎND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chiler of Jen.		Check if Loan Provide interest rate
12/7/20	Maryleis Gibser		☐ ÍND ☐ COM ☐ OTH ☐ PTY ☐ SCC	tentist		Check if Loan
			IND COM OTH PTY SCC			☐ Check if Loan% Provide interest rate
Reason for Amendme	ent:			* Contributor Codes IND - Individual COM - Recipient Commit OTH - Other (e.g., busine PTY - Political Party SCC - Small Contributor	ess entity)	