## 1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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>8/31/2018</td>
<td>Paula Sullivan Simi Valley, Ca. 93065</td>
<td>IND</td>
<td>Self employed CFS income tax</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

**Reason for Amendment:**

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**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