	UCTIONS : A check mark indicates an amendment is required. ur amended statement at:
FPPC - (866) ASK-FPPC / advice@fppc.ca.gov	
Statement Verification Date://	
Period Covered by Statement:/ to/	Name:
AMENDMENT REQUEST FORM	
Cover Page O Period covered (for all schedules) O Address was incomplete O Signature missing	 <u>Schedule C</u> O Date received column was left blank O Street address for contributor(s) was incomplete O Contributor code was not marked for contributor(s)
• O Treasurer information was incomplete • O Other - see comments section	 O Occupation & employer column was left blank or incomplete for individual contributor(s) O Description of goods/services was missing
 Summary Page O Column A, Line does not match with applicable schedule O You indicated that schedule(s) were attached. However, the schedules were not attached to the statement. O Lines were left blank in column A or B O Other - see comments section 	 O Amount/fair market value was missing O Cumulative to date (Jan 1 - Dec 31) was missing O Summary section was incomplete O Other - see comments section Schedule D O Date was missing
 Schedule A O Date received column was left blank O Street address for contributor(s) was incomplete O Contributor code was not marked for contributor(s) O Occupation & employer column was left blank or incomplete for individual contributor(s) O Amount received this period was missing O Cumulative to date column (Jan 1 - Dec 31) was missing O Summary section was incomplete O Other - see comments section 	 O Support/oppose box was not marked O Type of payment was missing O Description (if required) was missing O Amount this period was missing O Cumulative to date column (Jan 1 - Dec 31) was missing O Summary section was incomplete O Other - see comments section Schedule E O Street address of payee was incomplete
 Schedule B Street address for contributor(s) was incomplete Contributor code was not marked for contributor(s) Occupation & employer column was left blank or incomplete for individual contributor(s) Outstanding balance beginning this period was left blank Amount received this period was left blank Amount paid or forgiven this period was left blank Outstanding balance at close of this period was left blank Interest paid this period was left blank or incomplete Original amount of loan was left blank or incomplete Date incurred for original loan amount was missing 	 O A code or description of payment was missing O Amount paid was missing O Summary section was incomplete O Other - see comments section Schedule F O Street address of creditor was incomplete O A code or description of payment was missing O Outstanding balance beginning of this period was missing O Amount incurred this period was missing O Amount paid this period was missing O Outstanding balance at close of this period was missing O Summary section was incomplete O Other - see comments section
 O Cumulative to date column (Jan 1 - Dec 31) was missing O Summary section was incomplete O Guarantor information was incomplete O Other - see comments section 	continued on other side

 Schedule G Street address of payee was incomplete A code or description of payment was missing Amount paid was missing Other - see comments section Schedule H Street address was incomplete Occupation & employer column was left blank or incomplete for individual contributor(s) Outstanding balance beginning this period was left blank Amount loaned this period was left blank Repayment/forgiveness this period was missing Outstanding balance at close of this period was left blank or incomplete 	 Schedule H (continued) Interest received this period was left blank or incomplete Original amount of loan was missing Date incurred for original loan amount was missing Cumulative loans to date was left blank Summary section was incomplete Other - see comments section Schedule I Date received column was left blank Street address of source was incomplete Description of receipt was missing Amount of increase to cash was missing Summary section was incomplete Other - see comments section
COMMENTS	
	Toll-free Helpline - (866) ASK-FPPC