497 Contribu	tion Report Amounts	Type or print in ink may be rounded to w		CITY CLERK	407 CONT	RIBUTION REPORT
FRIENDS OF DA AREA CODE/PHONE NU STREET ADDRESS CITY MORENO VALLE	1388678  STATE ZIP CODE	Date of This Filing Report No  Amendment to Report No. (explain below) No. of Pages	4.05.4	RECEIVED  16 OCT -3 AM 8: 43	CALIFOR FORM	NIA 407
1. Contribution	n(s) Received				222	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER LD NUMBER)		CONTRIBUTOR CODE *			AMOUNT RECEIVED
9/30/2016	CHT INVESTMENT LLC 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			000.00 Check if Loan  ** Provide interest rate
9/30/2016	CT CAPITAL LLC 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			000.00  Check if Loan  % Provide interest rate
9/30/2016	DESERT-CANDLE LP 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		10	000.00  Check if Loan  % Provide interest rate
Reason for Amendm	ent:			**Contributor Codes IND - Individual COM - Recipient Come OTH - Other (e.g., bus PTY - Political Party SCC - Small Contribut	siness entity)	nan PTY or SCC)

### **497 Contribution Report**

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

			The second second		497 CONTRIBUTION REPOR	
VAME OF FILER  EDIENDS OF DAVID LABATELLEZ 2016 MOVAL CC DISTRICT 2		Date of This Filing	10/4/2016	Date Stamp	FORM 497	
FRIENDS OF DAVID LARA TELLEZ, 2016, MOVAL CC, DISTRICT 3  I.D. NUMBER (if applicable)  1388678  STREET ADDRESS		Report No.	4			
		Amendme to Report No.				
TY ORENO VALLE	STATE ZIP CODE  EY CA 92557	(explain below) No. of Pages	2054			
Contributio	n(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CO	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUS	DYER AMOUNT RECEIVED	
9/30/2016	JCLIN INVESTMENT LP 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00  Check if Loan  **  Provide interest rate	
9/30/2016	LCTH INVESTMENT LP 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00  Check if Loan  Provide interest rate	
9/30/2016	MAGNOLIA LP 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00  Check if Loan  Provide interest rate	
eason for Amendm	nent:			**Contributor Codes  IND - Individual  COM - Recipient Commit  OTH - Other (e.g., busine  PTY - Political Party  SCC - Small Contributor		

#### **497 Contribution Report**

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

IAME OF FILER		Date of		Data Clama	CONTRIBUTION REPOR	
FRIENDS OF DAVID LARA TELLEZ, 2016, MORENO VALLEY, DISTRICT 3			10/4/2016	CAL	FORM 497	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1388678  STREET ADDRESS		Report No.	4		For Official Use Only	
		Amendmer to Report No.				
ΠΥ MORENO VALLEY	STATE ZIP CODE  CA 92557	(explain below)  No. of Pages	2054			
. Contribution	(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
9/30/2016	PINEHURST LLC 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00  Check if Loan  **  **  **  **  **  **  **  **  **	
9/30/2016	PACHOME LP 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM  ☑ OTH☐ PTY☐ SCC		1000.00  Check if Loan  Provide interest rate	
9/30/2016	PALMDALE SUMMIT LP 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00  Check if Loan  **  Provide interest rate	
Reason for Amendme	nt:			**Contributor Codes  IND - Individual  COM - Recipient Committee (o  OTH - Other (e.g., business er  PTY - Political Party  SCC - Small Contributor Comm	tity)	

### **497 Contribution Report**

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

497 CONTRIBUTION REPORT

FRIENDS OF DAVID LARA TELLEZ, 2016, MORENO VALLEY, DISTRICT 3  AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)		Date of This Filing Report No.	10/4/2016 나	Date Stamp CALI	FORM 497	
STREET ADDRESS  CITY  MORENO VALLEY	STATE ZIP CODE  ORENO VALLEY CA 92557		4 OF 4			
1. Contribution	(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIL (IF COMMITTEE ALSO ENTER L.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
9/30/2016	VALLEY OAK LP 1000 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00  Check if Loan  **  Provide interest rate	
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan  % Provide interest rate	
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan	
Reason for Amendme	nt:			**Contributor Codes  IND — Individual  COM — Recipient Committee (or  OTH — Other (e.g., business en  PTY — Political Party  SCC — Small Contributor Comn	tity)	