497 Contribution Report

Amounts may be rounded to whole dollars.

**NAME OF FILER**

Bob Magoe

**AREA CODE/PHONE NUMBER** 951-805-7782

**I.D. NUMBER (if applicable)** 125 41 51

**STREET ADDRESS** 32400 Beechwood Lane

**CITY** Lake Elsinore

**STATE** CA

**ZIP CODE** 92530

**Date of This Filing** 8/31/16

**Report No.**

**No. of Pages** 1

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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>8/31/16</td>
<td>Javier R. Rios, M.D., A Professional Corporation 9919 Magnolia Ave Riverside, CA 92503</td>
<td></td>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

☐ Check if Loan

Provide interest rate

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**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