**497 Contribution Report**

**NAME OF FILER**
Bob Magee

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

**I.D. NUMBER (if applicable)**
1254151

**STREET ADDRESS**
32400 Beechwood Lane

**CITY**
Lake Elsinore

**STATE**
CA

**ZIP CODE**
92530

**Date of This Filing**
10/16/16

**Report No.**
2

**Amendment to Report No.**

**(explain below)**

**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>10/16/16</td>
<td>Werner Corporation, P.O. Box 77850, Corona, CA 92877</td>
<td></td>
<td>☐ Check if Loan</td>
<td>$1,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ IND</td>
<td>☐ Check if Loan</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>☐ COM</td>
<td>☐ Check if Loan</td>
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<td>☐ OTH</td>
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<td>☐ PTY</td>
<td>☐ Check if Loan</td>
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<tr>
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<td></td>
<td>☐ SCC</td>
<td>☐ Check if Loan</td>
<td></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

**FPPC Form 497 (Jul/2016)**
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