OCT 24 '16 AM 11:45

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Committee to Elect Natasha Johnson		10/24/16		For Official Use Only
AREA CODE/PHONE NUMBER: (951) 218-1459	I.D. NUMBER (if applicable): 1349598	Report No.		
STREET ADDRESS: 15360 Regatta Way CA 92530		☐ Amendment to Report No. (explain below)		
CITY: Lake Elsinore	STATE: CA / ZIP CODE: 92530	No. of Pages		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/23/2016	SPT-Lake Elsinore Holding Co. LLC #120. 2 Park Plaza Suite 700 Irvine CA 92614	☐ 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 ____% Provide interest rate

**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

Reason for Amendment: _____