497 Contributio	n Report		Amoun	nts may be rounded to w	/hole dollars.	_RECEIVED BY	497 CO	NTRIBUTION REPORT
NAME OF FILER ERIC SAPETTO SIDDALL FOR DISTRICT AT AREA CODE/PHONE NUMBER (213) 624-6200 STREET ADDRESS		I.D. NUMBER (if applicable)		Date of This Filing Report No. 12	202	S ANGERES COUNTY 23 DEC 28 AM 8: 49	FORM 497 For Official Use Only	
		STATE	ZIP CODE	Amendme to Report No. (explain below) No. of Pages	ent D	ROPOSITION BUNIT		
1. Contribution(s	s) Received	CA	90071				1	
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AN (IF COMMITTEE, ALSO EI		ITRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
	ICHARD SHINEE NCINO, CA 91436					ATTORNEY GREEN & SHINEE		2,500.00 Check if Loan % Provide Interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan ———————————————————————————————————
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		,	☐ Check if Loan
Reason for Amendmen	ent:					*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., bi PTY – Political Party SCC – Small Contribut	business entity	er than PTY or SCC) y)