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48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Pete Aguilar for Congress						7	
ADDRESS (number and street)	PO Box 10954						
CITY STATE San Bernardino CA			ZIP CODE 92423		_		
2. NAME OF CANDIDATE	3. OFFICE SO	3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION NUMBER		
Aguilar, Pete, , ,	House	House CA 31			C00510461		
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING			YES, IT AME	YES, IT AMENDS THE NOTICE FILED ON			
A. FULL NAME American Academy of Ophthal	Name of Employer			Date (month, day, year)	Amount		
MAILING ADDRESS 655 Beach St	Transaction ID : VN8JBE133M5			10/31/2016	1000.00		
CITY	STATE	ZIP CODE	Occupation Occupation				
San Francisco	CA	94109-1342					
B. FULL NAME Hostovich, Teena	Name of Employer Lockton Insurance Brokers			Date (month, day, year)	Amount		
MAILING ADDRESS 4052 Hampstead Rd			Transaction ID : VN8JBE133K7			10/31/2016	2700.00
CITY STATE ZIP CODE			Occupation Occupation			_	
La Canada Flintridge	CA	91011-3927	Executive Vice President				
C. FULL NAME	Name of Emp			Date (month,	Amount		
			Name of Emp	лоуст		day, year)	7 1110 4111
MAILING ADDRESS							
CITY	STATE	ZIP CODE	Occupation				
D. FULL NAME			Name of Emp	oloyer		Date (month, day, year)	Amount
MAILING ADDRESS				_			
CITY	STATE	ZIP CODE	Occupation				
E. FULL NAME			Name of Employer			Date (month, day, year)	Amount
MAILING ADDRESS							
CITY	STATE	ZIP CODE	Occupation				
SIGNATURE (optional) May, Jennifer, , ,			[Electronically		TE /01/2016	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	



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