497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER				Date of This Filing 11/03/20	Date Stamp	CALIFORNIA FORM 497
Stephens for Costa Mesa D1 - 2020						
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*			Report No. 20		For Official Use Only
714-434-7852	1433231					
STREET ADDRESS				☐ Amendment to Report No. ____ (explain below)		
2004 N. Capella Ct						
CITY		STATE	ZIP CODE	No. of Pages 1		
Costa Mesa		CA	92626			

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
11/03/20	Ghost Management Group LLC 41 Discovery Irvine CA 92618 ⊞	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		3,000. ☐ 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

Reason for Amendment: _____

* 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