

497 Contribution Report

Amounts may be rounded to whole dollars.

SDI-5-4

NAME OF FILER BUSINESSES FOR A BETTER SAN CLEMENTE		Date of This Filing 11-03-16	Date Stamp City of San Clemente NOV 03 2016 City Clerk Department	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 882300	Report No. 2016-4		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE	ZIP CODE [REDACTED]	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
11-03-16	DAN BANE FOR CITY COUNCIL ID# 1389494 [REDACTED]	DAN BANE CITY COUNCIL	5000.00	11-08-16

Reason for Amendment: _____