

497 Contribution Report

Amounts may be rounded to whole dollars.

501-5-4

NAME OF FILER BUSINESSES FOR A BETTER SAN CLEMENTE		Date of This Filing <u>10-27-16</u>	Date Stamp
AREA CODE/PHONE NUMBER 949-492-1131	ID NUMBER (if applicable) 882300	Report No. <u>2016-1</u>	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS 1231 PUERTA DEL SOL STE 200		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City of San Clemente OCT 27 2016
CITY SAN CLEMENTE	STATE CA	ZIP CODE 92673	City Clerk Department

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)
09-20-16	SWARTZ FOR CITY COUNCIL ID#1384108 1100 VIA CALLEJON STE A SAN CLEMENTE CA 92672	STEVE SWARTZ CITY COUNCIL	3000 00	11-08-16

Reason for Amendment: _____