

# 497 Contribution Report

Amounts may be rounded to whole dollars.

501-5-4

<b>NAME OF FILER</b> <b>BUSINESSES FOR A BETTER SAN CLEMENTE</b>		<b>Date of This Filing</b> <u>10-27-16</u>	<b>Date Stamp</b> City of San Clemente <b>OCT 27 2016</b> City Clerk Department	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 949-492-1131	<b>LD NUMBER (if applicable)</b> 882300	<b>Report No.</b> <u>2016-3</u>		
<b>STREET ADDRESS</b> 1231 PUERTA DEL SOL STE 200		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> SAN CLEMENTE	<b>STATE</b> CA	<b>ZIP CODE</b> 92673	<b>No. of Pages</b> <u>1</u>	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10-06-16	DAN BANE FOR CITY COUNCIL ID# 1389494 [REDACTED]	DAN BANE CITY COUNCIL	1084 00	11-08-16
10-06-16	SWARTZ FOR CITY COUNCIL ID#1384108 1100 VIA CALLEJON STE A SAN CLEMENTE CA 92672	STEVE SWARTZ CITY COUNCIL	1084 00	11-08-16

Reason for Amendment \_\_\_\_\_