

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> <b>BUSINESSES FOR A BETTER SAN CLEMENTE</b>			<b>Date of This Filing</b> <u>10-22-18</u>	<b>Date Stamp</b> City of San Clemente  <b>OCT 22 2018</b>  City Clerk Department	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 949-492-1131	<b>I.D. NUMBER (if applicable)</b> 824300		<b>Report No.</b> _____		
<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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10-22-18	WAYNE EGGLESTON FOR CITY COUNCIL 2018 ID#1409421 PO BOX 691 SAN CLEMENTE CA 92674	WAYNE EGGLESTON CITY COUNCIL	3000	11-6-18
10-22-18	WARD CITY COUNCIL 2018 ID#1413149 [REDACTED] SAN CLEMENTE CA 92673	ED WARD CITY COUNCIL	3000	11-6-18

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