

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Orange County Professional Firefighters Association		Date of This Filing 9/10/19	Date Stamp City of San Clemente SEP 10 2019 City Clerk Department	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 9494863631	I.D. NUMBER (if applicable) 950925,	Report No. 2019-1	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS 1342 Bell Avenue, Suite 3A		No. of Pages _____		
CITY Tustin	STATE CA	ZIP CODE 92780		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/9/19	Jackson Hinkle For San Clemente City Council 2019, [REDACTED] [REDACTED] San Clemente CA, 92672, ID# 1419381	Jackson Hinkle, Candidate for San Clemente City Council	\$5000.00	November 5, 2019

Reason for Amendment: _____
