

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ann Worthington		Date of This Filing <u>9/11/19</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. <u>2019-2</u>	<b>City of San Clemente</b>	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<b>SEP 11 2019</b>	
CITY San Clemente	STATE ZIP CODE CA 92672	No. of Pages <u>1/1</u>	<b>City Clerk Department</b>	

## 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)
9/10/19	Jackson Hinkle For San Clemente City Council 2019, [REDACTED] [REDACTED] San Clemente CA, 92672, ID# 1419381	Jackson Hinkle, Candidate For San Clemente City Council	\$1000.00	11/5/19

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