

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>MICHAEL (MICKEY) McLANE</b>	Date of This Filing <b>21 Sept 2019</b>	Date Stamp <b>City of San Clemente</b>  <b>SEP 23 2019</b>  City Clerk Department	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)	Report No. <b>01</b>  <input type="checkbox"/> Amendment to Report No. (explain below) <b>01</b> No. of Pages <b>022mm</b>		
STREET ADDRESS CITY STATE ZIP CODE <b>SAN CLEMENTE, CA 92672</b>			

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<b>20 Sept 2019</b>	<b>MICHAEL (MICKEY) McLANE</b> [REDACTED] <b>SAN CLEMENTE, CA 92672</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>CONTRIBUTION FROM THE CANDIDATE MICHAEL (MICKEY) McLANE RETIRED</b>	<b>\$1,000.00</b>  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee