

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER MICHAEL (MICKEY) McLANE		Date of This Filing 21 Sept 2019	Date Stamp SEP 23 2019	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) TBD	Report No. 01	City of San Clemente	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	SEP 23 2019	
CITY SAN CLEMENTE, CA	STATE CA	ZIP CODE 92672	No. of Pages 01 00 Clerk Department	

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>
20 Sept 2019	ELECT MICKEY McLANE CAMPAIGN ACCOUNT [REDACTED] SAN CLEMENTE, CA 92672	MICHAEL (MICKEY) McLANE SAN CLEMENTE CITY COUNCIL	\$1,000.00	5 NOV 2019

Reason for Amendment: _____