

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER VISION SAN CLEMENTE A COMMITTEE FORMED TO SUPPORT JACKSON		Date of This Filing 09/24/2019	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-493-5900	I.D. NUMBER (if applicable) 1312003	Report No. 1	City of San Clemente SEP 24 2019 City Clerk Department
STREET ADDRESS 30240 RANCHO VIEJO RD., STE. A		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY SAN JUAN CAPISTRANO	STATE CA	ZIP CODE 92675	No. of Pages 1

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
09/24/2019	JERI MANN 30240 RANCHO VIEJO RD., STE. A SAN JUAN CAPISTRANO, CA 92675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENROLLED AGENT PACIFIC CORPORATE CONSULTANTS, INC. 30240 RANCHO VIEJO RD., A SAN JUAN CAPISTRANO, CA 92675	2000.00 <input checked="" 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

* 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

Reason for Amendment: _____