Cover Page			City of San Clemente	CALIFORNIA 460
	Statement covers period from January 1, 2019	Date of election if applicable: (Month, Day, Year)	SEP <b>2.6</b> 2019	Page 1 of 13  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through September 21, 2019	November 5, 2019	City Clerk Department	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		· · · · · · · · · · · · · · · · · · ·
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee Complete Part 7)	✓ Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 To  Amendment (Explain b	t ☐ Specermination)	rterly Statement cial Odd-Year Report
	NUMBER 419381	Treasurer(s)		
Jackson Hinkle For San Clemente City Council 2  STREET ADDRESS (NO PO-BOX)  CITY STATE ZIP COD  San Clemente CA 92672	DE AREA CODE/PHONE	NAME OF TREASURER  Jackson Hinkle  MAILING ADDRESS  CITY  San Clemente  NAME OF ASSISTANT TREASURE	STATE ZIP CO CA 9267	
MAILING ADDRESS (HF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	٠.	
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·	OPTIONAL: FAX/E-MAIL ADDRE	•	
4. Verification  I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Content of Content of the State of Content of Co	California that the foregoing is true a  By  By  By  Signature  BySignature		roponent or Responsible Officer of Spons State Measure Proponent	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

#### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2									
CALIF FC	ORNIA ORM	4	60						
Page _	2 (	of	13						

Officeholder or Candida	ate Controlled Com	mittee		6.	Primarily Formed Balle	ot Measure (	Committee	
NAME OF OFFICEHOLDER OR CA	ANDIDATE				NAME OF BALLOT MEASURE			
Jackson Hinkle								
OFFICE SOUGHT OR HELD (INCL	UDE LOCATION AND DISTR	ICT NUMBER I	FAPPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
City Council Member	LOCATION: San	Clemente (	City Council					☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRES		CITY	STATE ZIP					
	San C	Clemente, C	A 92672		Identify the controlling offic			proponent, if any.
· · · · · · · · · · · · · · · · · · ·					NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT	
Related Committees No	t included in this S	tatement:	List any committees					
not included in this statement to contributions or make expenditudes.	hat are controlled by you	or are primari			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
	ures on benan or your car	•			•			
COMMITTEE NAME		I.D. NUMB	ER					
NAME OF TREASURER		CONTROL	LED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Office	eholder Committee	B List names of
		YES	П NO		omcenoider(s) or candidate(s	, for willon tills	Committee is primarily in	orm <del>s</del> a.
COMMITTEE ADDRESS S	TREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ELD ☐ SUPPORT
								☐ OPPOSE
CITY	STATE ZIP	CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	
								SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMB	ER		NAME OF OFFICEHOLDER OR	PANDIDATE	OFFICE SOUGHT OR HE	= 1 -
						DANDIDATE	OFFICE SOUGHT ON AL	SUPPORT OPPOSE
NAME OF TREASURER		CONTROL	LED COMMITTEE?					
NAME OF TREASURER		☐ YES			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	☐ SUPPORT
COMMITTEE ADDRESS S	STREET ADDRESS (NO P.O.		LI NO		,	•	,	OPPOSE
	V	. ,				· · · · · · · · · · · · · · · · · · ·		
CITY	STATE ZIP	CODE	AREA CODE/PHONE		Atta	ach continuatio	on sheets if necessary	
				•				

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM January 1, 2019 from. September 21, 2019 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Jackson Hinkle For San Clemente City Council 2019

1419381

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$18,548.00	\$18,548.00	General Elections  1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3	580.00	\$ 18,548.00 580.00	20. Contributions Received \$ .00 \$ .00  21. Expenditures Made \$ .00 \$ .00
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$19,128.00	\$19,128.00	Made \$ \$
Expenditures Made  6. Payments Made	\$	\$7,957.97	Expenditure Limit Summary for State Candidates
8. SUBTOTAL CASH PAYMENTS	\$ 7,957.97	\$ 7,957.97	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
10. Nonmonetary AdjustmentSchedule C, Line 3	580.00 \$ 8,537.97	580.00 \$ 8,537.97	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	T 0,007.07	\$\$ 
12. Beginning Cash Balance	\$ .00 18,548.00 .00	To calculate Column B, add amounts in Column A to the corresponding	*Amounts in this section may be different from amounts
Miscellaneous Increases to Cash	7,957.97	amounts from Column B of your last report. Some amounts in Column A may be negative figures that	reported in Column B.
If this is a termination statement, Line 16 must be zero.	¥	should be subtracted from previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	s .00	any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	00		FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

www.fppc.ca.gov

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA

Statement covers period

	·	from January	1, 2019	FORM 400		U						
				through Septemb	per 21, 2019	Page	4 of 13	)				
AME OF FILER	finkle For San Clemente City Council 2019					I.D. NU 14193	MBER					
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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)					
8/7/19	Bob Baker San Clemente CA 92672	IND COM OTH SCC	Retired Retired	500.00	500.	00						
8/7/19	Jackson Hinkle San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Marketing Specialist Clif Bar	999.00	2,199.00		2,199.00		2,199.00			
8/10/19	John Ridgeway San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	CEO Equity Fitness	100.00	200.00							
8/10/19	Rick Weakland San Clemente, CA 92672	IND COM OTH PTY	Not employed	100,00	100.	00						
8/10/19	Tvler Boden San Clemente, CA	IND COM OTH PTY	Project Developer at Sullivan Solar Power	100.00	100.00							
		:	SUBTOTAL \$	\$1,799.00								
<ol> <li>Amount re (Include al</li> <li>Amount re</li> </ol>	A Summary aceived this period – itemized monetary contributions. Il Schedule A subtotals.) aceived this period – unitemized monetary contribution etary contributions received this period.			13,212.00	IND - COM OTH PTY	(other - Other ( - Politica	al ent Committee than PTY or SCC) e.g., business entit	ty)				
	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	l.)TOTAL \$	\$18,548.00			450 U					

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

January 1, 2019

				through Septemb	er 21, 2019	Page _		
Jackson Hir	nkle For San Clemente City Council 2019					1.D. NUMBER 1419381		
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/10/19	Frances Kermeen San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Author Author Frances Kermeen	100.00	100.0	00		
8/10/19	Kim Anderson San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Retired Retired	500.00	500.00			
8/11/19	Steven Young San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Construction	100.00	100.0	00		
8/11/19	Greg Long San Clemente CA	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Marketing Pacific Iron Works	500.00	500.0	00		
8/11/19	Jenifer Massev San Clemente CA	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100.00			
			SUBTOTAL	\$ \$1,300.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from January 1, 20		, 2019 <b>FO</b>		100				
			·	through Septem	ber 21, '19	Page _		_13				
NAME OF FILER						I.D. NUN						
Jackson Hir	nkle For San Clemente City Council 2019					141938	31					
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 THIS PERIOD	CALENDAR Y	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)				ECTION DATE QUIRED)		
8/11/19	Paul Wehrle San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	100.00		100.00		100.00			,
8/12/19	Starr Bales San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	300.00	300.00							
8/19/19	Sherine Smith San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	100.00							
8/19/19	Jackson Hinkle San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Marketing Specialist Clif Bar	200.00	2,199.00							
8/19/19	Thomas Feige San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	0.00 100.00							
ı			SUBTOTAL	\$ 800.00								

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

			•	from January 1, 2019			ORM 400
				through Septem	ber 21, '19	Page _	
NAME OF FILER	nkle For San Clemente City Council 2019		•	-		I.D. NU	
Jackson mil	ikie For San Clemente City Council 2019				·	14193	81
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/19/19	Jackson Hinkle San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Marketing Specialist Clif Bar	999.00 \$2,199.00		00	
9/3/19	Fran Sdao Washington DC 20001	☑IND □COM □OTH □PTY □SCC	Not Employed	200.00	200.00		
9/4/19	Orange County Professional Firefighters Association ID# 950925 1342 Bell Avenue Suite 3A Tustin, CA 92780	☐IND ☐COM ☐OTH ☐PTY ☐SCC		5,000.00	5,000.	00	
9/5/19	Bart Ziegler San Diego, CA	☑IND □COM □OTH □PTY □SCC	Scientist Samuel Lawrence Foundation	100.00	100.	00	
9/5/19	S.M.A.R.T. Local Union 105 Political Education Fund 2120 Auto Centre Drive Glendora, CA	☐IND ☐COM ☐OTH ☐PTY ☐SCC		200.00 200.00		00	
			SUBTOTAL	\$ 6,499.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

January 1, 2019

	NAME OF FILER			through Septemi	per 21, '19	Page _		
	nkle For San Clemente City Council 2019					1.D. NUMBER 1419381		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
9/8/19	Rick Little San Clemente, CA 92673	IND COM OTH PTY	Executive Buchi Inc	300.00	300.00			
9/9/19	AM Linas San Clemente CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	200.00	200.00			
9/10/19	Ann Worthington Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Owner Ann Worthington	1000.00	1000.00			
9/11/19	David Karr San Clemente, CA	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	100.00			
9/11/19	200 Michael Metcalf San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	CEO Metcalf Property Management	200.00	200.00			
			SUBTOTAL	\$ 1,800.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

January 1, 2019

•				through Septem	ber 21, '19	Page _	9 of 13		
NAME OF FILER  Jackson Hin	nkle For San Clemente City Council 2019					I.D. NUMBER 1419381			
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
9/15/19	Andrea Reish San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	150.00	150.00		150.00		
9/18/19	Suzette Lovely San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	200.00	200.00				
9/19/19	John Ridgeway San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	CEO Equity Fitness	100.00	200.00				
9/19/19	Jackie Dooley San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	100.00				
9/20/19	Diana D Hammer P.O. Box 3608 San Clemente, CA 92674	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	100.00				
			SUBTOTAL	\$ 650.00					

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

wionetary	Contributions Received	to whole t	uonais.	from January		FORM 460			
				through Septem	ber 21, '19	_	10 of 13		
NAME OF FILER						I.D. NUI	MBER		
Jackson Hi	nkle For San Clemente City Council 2019					14193	81		
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
9/20/19	Susan Googins San Clemente CA, 92672	IND COM OTH PTY SCC	Business Manager San Onofre Parks Foundation	200.00	200.00				
9/21/19	Sharon Farmer San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Medium  Medium Sharon Farmer	164.00	164.00				
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SGC				-			
			SUBTOTAL	\$ 364.00					

\*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

Schedul Nonmor	le C netary Contributions Received	- -	Amounts may be rounded to whole dollars.		from	Statement covers period from January 1, 2019		CALIF(	ORNIA 460
SEE INSTRUCT	TIONS ON REVERSE				thro	September	21, 20	<del>                                     </del>	11 of 13
	Hinkle For San Clemente City Council 2019	)						1.D. NUMB	
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)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/19	Democratic Women of South Orange County PO Box 383 San Clemente, CA 92674 ID: 1390408	□IND ☑COM □OTH □PTY □SCC		Magazine Advertisement	nent \$400.00 \$		\$580.00		
9/5/19	Democratic Women of South Orange County PO Box 383 San Clemente, CA 92674 ID: 1390408	□IND □COM □OTH □PTY □SCC		Event Ticket		\$180.00	\$	\$580.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC			·				
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	STAL \$	580.00			
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone					580.00	IND COM	(other th	
	nmonetary contributions received this period	•	Olis Of 1995 than \$ 100 mm			7	PTY	/ - Political F	

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

\$580.00

www.fppc.ca.gov

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from January 1, 2019	January 1 2019 FORM 460		
SEE INSTRUCTIONS ON REVERSE		through September 21, 201	Page 12 of 13		
NAME OF FILER			I.D. NUMBER		
Jackson Hinkle For San Clemente City Council 2019			1419381		
CODES: If one of the following codes accurately descri	ibes the payment, you may enter the code. C	Otherwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production of	costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*  CVC civic donations	OFC office expenses	. •	campaign workers' salaries		
FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	•	t.v. or cable airtime and production costs candidate travel, lodging, and meals		
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		transfer between committees of the same candidate/sponsor		
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(internet, e-mail)		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
City of San Clemente 910 Calle Negocio, San Clemente, CA 92673	FIL	Candidate Statement		831.41
Minuteman Press San Clemente 927 Calle Negocio a, San Clemente, CA 92673	PRT	Yard Signs		2502.49
San Clemente Shirt Graphics 208 Calle de Los Molinos, San Clemente, CA 92672	СМР	Custom Shirts		549.53
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$	3,883.43
Schedule E Summary				
Itemized payments made this period. (Include all Schedule E subtotals.)			\$	7,934.97
Unitemized payments made this period of under \$100				23.00
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)				.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and control of the contro				7,957.97

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be rounded to whole dollars.		Statement covers period  from January 1, 2019  through September 21, 201	SCHEDULE E (CONTO	
Jackson Hinkle For San Clemente City Council 2019					I.D. NUMBER 1419381	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office expen PET petition circl PHO phone bank POL polling and a POS postage, de	nmunications Id appearance ses Ilating s survey researd livery and mes	s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, staff/spouse travel, lodging.	on costs  Soduction costs  and meals  Je and meals  Je so of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID	
San Clemente Times 34932 Calle del Sol, Suite B, Capistrano Beach, CA, 926	24	PRT	Newspaper Ads		3679.50	
Revv (Online Fundraising Platform)		WEB	Online Donation	Fee	372.04	
		-				

SUBTOTAL \$

4,051.54

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.