

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>MICHAEL (MICKEY) McLANE</u> AREA CODE/PHONE NUMBER [REDACTED] STREET ADDRESS [REDACTED] CITY STATE ZIP CODE <u>SAN CLEMENTE CA 92672</u>	Date of This Filing <u>1 Oct 2019</u> Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>2</u>	Date Stamp <u>City of San Clemente</u> OCT 01 2019 City Clerk Department	CALIFORNIA FORM 497 For Official Use Only
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1. Contribution(s) Received

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
<u>30 Sept 2019</u>	<u>MICHAEL (MICKEY) McLANE</u> [REDACTED] <u>SAN CLEMENTE, CA 92672</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>\$4,000.00</u> <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