

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>MICHAEL (MICKEY) McLANE</b>		Date of This Filing <b>1 Oct 2019</b>	Date Stamp City of <b>San Clemente</b>  <b>OCT 01 2019</b>  City Clerk Department	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]		I.D. NUMBER (if applicable) <b>TBD</b>		
STREET ADDRESS [REDACTED]		Report No. _____  <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <b>2</b>		
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
30 Sept 2019	MICHAEL (MICKEY) McLANE [REDACTED] SAN CLEMENTE, CA 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$4,000.00 <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

\* 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: \_\_\_\_\_