

**497 Contribution Report**

Amounts may be rounded to whole dollars.

**CALIFORNIA FORM 497**

For Official Use Only

NAME OF FILER  
*Michael (MICKEY) McLANE*

Date of This Filing *4 Oct 2019*

Date Stamp

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)  
*142 1502*

Report No. \_\_\_\_\_

City of San Clemente

STREET ADDRESS

Amendment to Report No. \_\_\_\_\_  
(explain below)

**OCT 07 2019**

CITY STATE ZIP CODE  
*SAN CLEMENTE, CA 92672*

No. of Pages *2*

City Clerk Department

**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
<i>3 Oct 2019</i>	<i>Michael (MICKEY) McLANE</i> [REDACTED] <i>SAN CLEMENTE, CA 92672</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>3,000.00</i> <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: \_\_\_\_\_