

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michael (Mickey) McLane		Date of This Filing 4 Oct 2019	Date Stamp City of San Clemente	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1821502	Report No. _____	OCT 07 2019	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk Department	
CITY SAN CLEMENTE, CA	STATE CA	ZIP CODE 92672	No. of Pages 2	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
30 Oct 2019	Michael (Mickey) McLane [REDACTED] SAN CLEMENTE, CA 92672	Michael (Mickey) McLane, SAN CLEMENTE City Council 2019	\$3,000.00	5 Nov 2019

Reason for Amendment: _____