

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Orange County Professional Firefighters Association		Date of This Filing <u>10/8/19</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 9494863631	I.D. NUMBER (if applicable) 950925	Report No. <u>2019-3</u>	<b>City of San Clemente</b>  <b>OCT 08 2019</b>	
STREET ADDRESS 1342 Bell Avenue, Suite 3A		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<b>City Clerk Department</b>	
CITY Tustin	STATE ZIP CODE CA 92780	No. of Pages <u>1/1</u>		

## 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)
10/8/19	Jackson Hinkle For San Clemente City Council 2019, [REDACTED] [REDACTED] San Clemente CA, 92672, ID# 1419381	Jackson Hinkle, Candidate For San Clemente City Council	\$2,000.00	11/5/19

Reason for Amendment: \_\_\_\_\_  
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