

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Greg Long		Date of This Filing <u>10/8/19</u>	Date Stamp	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. <u>2019-4</u>	City of San Clemente OCT 08 2019	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>1/1</u>	City Clerk Department	
CITY San Clemente	STATE ZIP CODE CA 92672			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
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	\$1000.00	11/5/19

Reason for Amendment: _____
