

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER VISION SAN CLEMENTE A COMMITTEE FORMED TO SUPPORT JACKSON		Date of This Filing <u>10/10/2019</u>	Date Stamp <b>City of San Clemente</b>  OCT 10 2019  <b>City Clerk Department</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1312003	Report No. <u>2</u>		
STREET ADDRESS 30240 RANCHO VIEJO RD., STE. A		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN JUAN CAPISTRANO	STATE CA	ZIP CODE 92675	No. of Pages <u>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)
<u>10/10/2019</u>	JACKSON HINKLE FOR SAN CLEMNTE CITY COUNCIL 2019 #1418371 [REDACTED] SAN CLEMENTE, CA 92672	CITY COUNCIL	1371.00	11/05/2019

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