

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|---|---|--|---|
| NAME OF FILER <i>Michael (Mickey) McLane</i> | | Date of This Filing <i>11 Oct 2019</i> | Date Stamp City of San Clemente OCT 11 2019 City Clerk Department | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) <i>1421502</i> | Report No. _____ | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY <i>San Clemente, CA</i> | STATE <i>CA</i> | ZIP CODE <i>92672</i> | No. of Pages <i>2</i> | |

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) |
|--------------------|--|--|------------------------|----------------------------------|
| <i>11 Oct 2019</i> | <i>1421502. Elect Mickey McLane San Clemente City Council 2019 [REDACTED] San Clemente, CA 92672</i> | <i>Michael (Mickey) McLANE, San Clemente City Council 2019</i> | <i>\$ 3,000.00</i> | <i>5 NOV 2019</i> |
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Reason for Amendment: _____