

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jackson Hinkle		Date of This Filing <u>10/21/19</u>	Date Stamp City of San Clemente OCT 21 2019 City Clerk Department	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. <u>2019-5</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Clemente	STATE CA	ZIP CODE 92672	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)
10/20/19	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: _____
