

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Democratic Women Of South Orange County			Date of This Filing 11/1/2019	Date Stamp City of San Clemente	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 949-280-7025	I.D. NUMBER (if applicable) 1390408		Report No. 2019-7	NOV 01 2019	
STREET ADDRESS PO Box 383			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk Department	
CITY San Clemente	STATE CA	ZIP CODE 92672	No. of Pages 1/1		

## 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)
10/31/2019	Jackson Hinkle For San Clemente City Council 2019, 231 W Mariposa Apt 2 San Clemente CA, 92672, ID# 1419381	Jackson Hinkle, Candidate For San Clemente City Council	1000.00	11/5/2019

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