

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER BUSINESSES FOR A BETTER SAN CLEMENTE		Date of This Filing <u>11-6-19</u>	Date Stamp City of San Clemente NOV 06 City Clerk Department	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-492-1131	I.D. NUMBER (if applicable) 824300	Report No. _____		
STREET ADDRESS 1231 PUERTA DEL SOL STE 200		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN CLEMENTE	STATE ZIP CODE CA 92673		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)
11-5-19	GENE JAMES FOR CITY COUNCIL 2019 ID# 1413366 <div style="background-color: black; width: 150px; height: 15px; margin: 2px 0;"></div> SAN CLEMENTE CA 92672	GENE JAMES CITY COUNCIL	2,500	11-5-19

Reason for Amendment: _____