497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT.

NAME OF FILER Tyler Boden for City Council 2020			Date of This Filing	08/07/2020	Date Stamp	CALIFORNIA 497 FORM For Official Use Only	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1427736 STREET ADDRESS		Report No. 20	0807 01	City of San Clemente			
		Report No. 20	0007.01				
		Amendment		AUG 1 0 2020			
CITY	STATE	ZIP CODE	to Report No. (explain below)		City Clerk Department		
San Clemente	CA	92672	No. of Pages	1	ony olong bepartment		
1. Contribution(s) Rec	eived			A A A			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND (IF COMMITTEE, ALSO EN		IBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF		
08/07/2020 Barbara B Las Vegas	awden , NV 89131			☑ IND	Retired N/A	2,000.00	
				☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan	
	:			□ scc		Provide interest rate	
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————	
				IND COM OTH PTY SCC		☐ Check if Loan ———————————————————————————————————	
Reason for Amendment:					*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribu		