497 Contribution Report

Amounts may be rounded to whole dollars.

501-37-12

NAME OF FILER Knoblock for City Council 2020				Date of 8/19/120 This Filing		Date Stamp CALIFORM		
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) TBD		Report No. 1		City of San Clomente	For Official temperate	
STREET ADDRESS CITY San Clemente			STATE ZIP CODE CA 92672		1	AUG 20 2020 AUG City Clark Department V Clark		l 9 ₂₀₂₀ Department
1. Contribution(s) Received								
DATE RECEIVED	FULL NAME	ID ZIP CODE OF CONTRIBUNTER I.D. NUMBER)	JTOR	CONTRIBUTOR CODE*			AMOUNT RECEIVED	
8/12/20	Sierra Vista/SK Trust San Clemente, CA 92			☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Businessman/Hearing Officer Sierra Vista/SK Trust./Orange County		5,000.00 Check if Loan % Provide interest rate	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan % Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amendr	nent:					* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busir PTY - Political Party SCC - Small Contributor	ness entity)	