

497 Contribution Report

Amounts may be rounded to whole dollars.

501-37-8

NAME OF FILER Chris Duncan for City Council 2020		Date of This Filing 8/24/2020	Date Stamp City of San Clemente AUG 25 2020	CALIFORNIA FORM 497 Official Use Only City of San Clemente City Clerk Department AUG 24 2020
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427280	Report No. 1		
STREET ADDRESS 1440 N Harbor Blvd, Ste 707		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Fullerton	STATE CA	ZIP CODE 92835	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/24/2020	Frank Shanahan 1401 S Madera Ave Kerman, CA 93630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA CMEC	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____