

# 497 Contribution Report

Amounts may be rounded to whole dollars.

SDI-37-6

NAME OF FILER <b>Bill Hart for City Council 2020</b>		Date of This Filing 8/28/20	Date Stamp <b>City of San Clemente</b> <del>AUG 31 2020</del> <b>City Clerk Department</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only <b>City of San Clemente</b> <b>AUG 29 2020</b> <b>City Clerk Department</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427255	Report No. 1		
STREET ADDRESS PO Box 3544		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY San Clemente	STATE CA	ZIP CODE 92674		

## 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
8/23/20	Steven Lang [REDACTED] San Clemente, CA 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired developer	\$1500 <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

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

\* 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