497	Cont	tribut	ion F	Report
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Amounts may be rounded to whole dollars.

5701-37-11 497 CONTRIBUTION REPORT

NAME OF FILER Thor Johnson for San Clemente City Council 2020			Date of		Date Stamp	CALIFORNIA 107		
			This Filing	08/31/2020	City of San Clemente	FOR		
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (if applicable	ө)	D (11 120	- 1		Try Of 82	fficial Use Only
-		1429592		Report No. 20	- т	SEP 1 2020	of Sefficial Use Only Clemente	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			□ Amandman	.1	•	Alia	
			Amendment to Report No.		City Clerk Department	AUG 31 2020		
CITY		STATE ZIP CODE		(explain below)		Cit	C/	
San Clemente		CA	92672	No. of Pages	1		AUG 3 1 2020 Clerk Department	
1. Contribution	on(s) Received			•				
DATE	FULL NA	ME, STREET ADDRESS AN	ID ZIP CODE OF CONT	TRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL,		AMOUNT
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			THE STORY	CONTRIBUTOR	ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER BUSINESS)	AMOUNT RECEIVED
08/13/2020	Thor Johnson					Candidate City Council		100.
					☐ COM ☐ OTH ☐ PTY			☐ Check if Loan
		er.			scc			% Provide interest rate
08/31/2020	Thor Johnson				X IND	Candidate City Council		1,500.
					☐ COM ☐ OTH ☐ PTY			☐ Check if Loan
					□ scc			Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
	1							Provide interest rate
Reason for Amend	dment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness entity	')