

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Bill Hart for City Council 2020			Date of This Filing <u>Oct 2, '20</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1427255		Report No. <u>4</u>	<i>City of San Clemente</i>	
STREET ADDRESS [REDACTED]			<input checked="" type="checkbox"/> Amendment to Report No. <u>4</u> (explain below)	OCT 5 2020	
CITY San Clemente	STATE CA	ZIP CODE 92672	No. of Pages <u>1</u>	<i>City Clerk Department</i>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/1/20	John McKinley [REDACTED] Tucson, AZ 85745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sea Horse Hotel La Galette Restaurant Villa Del Mar Inn	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10/1/20	Bill Hart and Christy MacBride-Hart [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 software sales retired teacher	5000 <input checked="" type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

Reason for Amendment: Forgot \$ amounts

* 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