

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Knoblock for City Council 2022</i>	Date of This Filing <i>9-17-22</i>	Date Stamp SEP 17 2022	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>1430039</i>	Report No. <i>2</i>	<i>City of San Clemente</i>
STREET ADDRESS [REDACTED]	CITY <i>San Clemente</i>	STATE <i>CA</i>	<i>City Clerk Department</i>
<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		No. of Pages <i>1</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
<i>9-17-22</i>	<i>Nancy St. Pierre</i> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Business women - Retired</i>	<i>\$2,500.</i> <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