497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Dennis Kamp for City Council 2022				Date of This Filing	10/10/2022	City of San Clemente	CALIFORI	NA 497
AREA CODE/PHONE NU	DE/PHONE NUMBER (if applicable) 1450277		Report No	KAMP-01	OCT 1 0 2022	For Official Use Only		
### STREET ADDRESS 1400 N Harbor Blvd Ste 550			Amendment to Report No (explain below) No. of Pages1		City Clerk Department			
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			UTOR	CONTRIBUTOR CODE *			AMOUNT RECEIVED
10/07/2022	Orange County Em 1121 L Street Suite Sacramento CA 95 ID :801447	200	on PAC		☐ IND X COM ☐ OTH ☐ PTY ☐ SCC			1000.00 Check if Loan Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan ———————————————————————————————————
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
Reason for Amendi	ment:					*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., bi PTY – Political Party SCC – Small Contribu	nmittee (other tusiness entity)	han PTY or SCC)

