

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Knoblock for City Council 2022</b>		Date of This Filing <b>10/18/22</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> City of San Clemente For Official Use Only  <b>OCT 18 2022</b>  City Clerk Department
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>143 00 39</b>	Report No. <b>5</b>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>San Clemente</b>	STATE <b>CA</b>	ZIP CODE [REDACTED]	No. of Pages <b>1</b>	

## 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
<b>10/18/22</b>	<b>Raleigh Myhren</b> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Owner - Tony's Locksmith &amp; Safe Co.</b>	<b>2,000.</b>  <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