

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>10/24/22</i>	Date Stamp City of San Clemente OCT 24 2022 City Clerk Department	CALIFORNIA FORM 497 For Official Use Only
I.D. NUMBER (if applicable) <i>1430039</i>		Report No. <i>7</i>		
CITY <i>San Clemente</i>		STATE <i>CA</i>	<input type="checkbox"/> Amendment to Report No. _____ (explain below) <i>1</i>	
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>10/24/22</i>	<i>San Hotel Apartments dba Flamingo Suites 401 W. Lavery Lane Tucson, AZ 85704</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1,000.-</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