## 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER  Beach Stewards for San Clemente, Yes on BB		Date of This Filing08/29/2024		Date Stamp CALIFORNIA 107	
				City of San Clemente	FORM 43/
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 2024-6			For Official Use Only
STREET ADDRESS		Troport No.		AUG 2 9 2014	
		Amendment to Report No		1	
9070 Irvine Center Drive #150				City Clerk Department	
CITY	STATE ZIP CODE	No. of Pages1		Thomas de	
Irvine	CA 92618	No. of Pages _	1		
1. Contribution(s) Recei	ived				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU' (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E	
08/28/2024 Craid Harps	er .		☑ IND	Advisor Stardog	2,000.00
			☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
					Provide interest rate
			IND   COM   OTH   PTY   SCC		☐ Check if Loan  ———————————————————————————————————
			IND COM OTH PTY SCC		Check if Loan
Reason for Amendment:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut	