497 Contribu	ıtion Report	Amounts may be rounded to w	hole dollars.	City of San Clemente 49	7 CONTRIBUTION REPORT
NAME OF FILER  Beach Stewards  AREA CODE/PHONE N  ( STREET ADDRESS	for San Clemente, Yes on BB  IUMBER I.D. NUMBER (if applicable 1464202  STATE	Date of This Filing  Report No. 20  Amendme to Report No. (explain below) No. of Pages	nt	Date Stamp CALI SEP 1.9 2024	IFORNIA 497 ORM ORM
	on(s) Received			IF AN INDIVIDUAL,	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	AMOUNT RECEIVED
09/11/2024	Marcha K Rermingham		IND  COM  OTH  PTY  SCC	Retired Retired	Check if Loan
09/11/2024	One by One Source, Inc. 4006 Calle Isabella San Clemente, CA 92672		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		3,000.0
e.			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan  ———————————————————————————————————
Reason for Amend	dment:			*Contributor Codes IND – Individual COM – Recipient Committee OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Com	entity)