# 497 Contribution Report

Amounts may be rounded to whole dollars.

| | | Date Stamp | CALIFORNIA FORM **497** |
|---|---|---|---|

**NAME OF FILER**

Beach Stewards for San Clemente, Yes on BB

**Date of This Filing** 09/30/2024

City of San Clemente

**AREA CODE/PHONE NUMBER** ▮▮▮▮▮▮

**I.D. NUMBER** *(if applicable)*

1464202

**Report No.** 2024-16

For Official Use Only

**STREET ADDRESS**

9070 Irvine Center Drive #150

☐ **Amendment to Report No.** _____
(explain below)

SEP 3 0 2024

**CITY** Irvine   **STATE** CA   **ZIP CODE** 92618

**No. of Pages** _____1_____

City Clerk Department

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---|---|---|---|---|
| 09/27/2024 | Bengard Family Trust - Kim Bengard ▮▮▮▮▮▮▮▮▮ | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | Retired<br>Retired | 5,000.00 <br><br> ☐ Check if Loan <br><br> _____% Provide interest rate |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | ☐ Check if Loan <br><br> _____% Provide interest rate |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | ☐ Check if Loan <br><br> _____% 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

**FPPC Form 497 (Feb/2019)**
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov