

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER RICK LOEFFLER FOR SAN CLEMENTE CITY COUNCIL 2024		Date of This Filing 10/29/2024 10:47	City of San Clemente	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1469516	Report No. 96	OCT 29 2024 City Clerk Department	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE [REDACTED]	No. of Pages 3			

## 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
2024-10-28	RICK LOEFFLER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCIL MEMBER CITY OF SAN CLEMENTE	1,500.00 <input checked="" type="checkbox"/> Check if Loan 0.00 % 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

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1469516	Report No. _____  <input type="checkbox"/> Amendment to Report No. _____ (explain below) _____  No. of Pages <u>3</u>		
STREET ADDRESS [REDACTED]				
CITY [REDACTED]	STATE			

**2. Contribution(s) Made**

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: \_\_\_\_\_

FORM	REFERENCE	NOTES
CA 497	TEXT -185	Contribution in the form of a Loan Received. Interest on Loan is: 0.00