

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Pauline Hale for Mission Viejo City Council 2020			<b>Date of</b> 08/14/2020	Received 8/14/20 6:33 p.m. City Clerk's Office
[REDACTED] 1425349		PH-01		
[REDACTED]		<input type="checkbox"/> <b>Amendment</b>		
CITY Fullerton	STATE CA	ZIP CODE 92835	1	

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, (I SEL EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT
08/13/2020	Pauline Hale [REDACTED] Mission Viejo, CA 92692	<input checked="" type="checkbox"/> <input type="checkbox"/> COM <input type="checkbox"/> <input type="checkbox"/>	Senior Manager, AHUS Group	2500 <input checked="" type="checkbox"/> 0
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/>		<input type="checkbox"/> Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> _____%

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

**\*\*Contributor Codes**

COM – Rec p e t Committee (other than PTY or SCC)

PTY – Po tica Party