

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Pauline Hale for Mission Viejo City Council 2020		Date of This Filing 09/30/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER ██████-██████	I.D. NUMBER (if applicable) 1425349	Report No. PH-03	Received City Clerk 9/30/20	
STREET ADDRESS ██		<input checked="" type="checkbox"/> Amendment to Report No. PH-03 <small>(explain below)</small>		
CITY Fullerton	STATE CA	ZIP CODE 92835	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/29/2020	Canyon Democrats FPPC ID: 1340996 22662 Fernwood St. Lake Forest, CA 92630	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/29/2020	Planned Parenthood of Orange and San Bernardino Counties FPPC ID:1282464 555 Capitol Mall, Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

****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

Reason for Amendment: Added additional contribution