

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ken Dixon for RSM City Council 2022		Date of This Filing 9/28/22	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 949-433-8964	I.D. NUMBER (if applicable) 1453370	Report No. 4		For Official Use Only CITYRSM'22SEP29PM 3:05
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Rancho Santa Margarita	STATE CA	ZIP CODE 92688	No. of Pages 1	UTTDUCH/00000000 LEVEL 2 2019 3:05

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED 692.29 <input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
9/20/22	Patricia Ebel [REDACTED] RSM, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	<input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input checked="" type="checkbox"/> Check if Loan 0 % 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