

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Phil Blair for Del Mar City Council 2020			Date of This Filing 09/29/2020	Date Stamp <b>RECEIVED</b> SEP 29 2020 City of Del Mar Administrative Services Dept.	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) Not Received Yet		Report No. 1	For Official Use Only	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Del Mar	STATE CA	ZIP CODE 92014	No. of Pages _____		

## 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
09/03/20	Phil Blair [REDACTED] Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Executive Manpower	1100 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
09/19/20	Phil Blair [REDACTED] Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Executive Manpower	5000 <input checked="" 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: \_\_\_\_\_

\_\_\_\_\_  
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