

497 24-HOUR CONTRIBUTION REPORT

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER GOLDSTEIN, SAMUEL		Date of This Filing <u>10/14/2022</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>[REDACTED]</u>	I.D. NUMBER (if applicable) 1304191	Report No. <u>2022-1</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 14 2022 </div>	
STREET ADDRESS <u>[REDACTED]</u>		<input type="checkbox"/> Amendment to Report No. <u>000</u> <small>(explain below)</small>		
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	No. of Pages <u>3</u>	Page 1 of 3

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER <u>(916) 888-5000</u>	I.D. NUMBER (if applicable) 1304191	Report No. <u>2022-1</u>	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT 14 2022 </div>	
STREET ADDRESS <u>1010 CHINA DRIVE</u>		<input type="checkbox"/> Amendment to Report No. <u>000</u> <small>(explain below)</small>		BY: <u>City Clerk's Office City of Laguna Beach, CA</u>
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	No. of Pages <u>3</u>	Page 2 of 3

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/14/2022	LAGUNA 2022 312 CLAY STREET STE 300 OAKLAND, CA 94607 1454453 Memo Reference: 1		\$5,000.00	11/8/2022

Reason for Amendment:

Memo Reference: 1
SUPPORTING BLAKE & OPPOSING FLORES FOR LAGUNA BEACH CITY COUNCIL

