

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER DTRS MLB, LLC		Date of This Filing <u>10/27/2022</u>	Date Stamp RECEIVED NOV 01 2022 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 715-6203	I.D. NUMBER (if applicable)			
STREET ADDRESS 30801 SOUTH COAST HWY		Report No. <u>10272022</u>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY LAGUNA BEACH	STATE CA			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/26/2022	PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S (ID# 1450051) 1278 GLENNEYE ST., 459 LAGUNA BEACH, CA 92651	MEASURE R AND MEASURE S CITY OF LAGUNA BEACH	20,000.00	11/08/2022
LOAN				

Reason for Amendment: _____