

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yes on P to Protect and Keep Laguna Beach Fire Safe, Supporte			Date of This Filing <u>10/01/18</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-715-9800	I.D. NUMBER (if applicable) 1405583		Report No. <u>10</u>	RECEIVED	
STREET ADDRESS 482 Aster Street			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCT 01 2018	
CITY Laguna Beach	STATE CA	ZIP CODE 92651		No. of Pages <u>1</u>	City Clerk's Office City of Laguna Beach, CA

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
9/30/18	ZurSchmiede for Council 2018	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,600.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/30/18	Ben Frydman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Stradling Yocca Carlson & Routh	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% 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

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NAME OF FILER Rob Zur Schmiede for Council 2018			Date of This Filing <u>10/1/18</u>	Date Stamp RECEIVED OCT 01 2018 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-715-9800	I.D. NUMBER (if applicable) 1363063	Report No. <u>1</u>			
STREET ADDRESS 515 OAK STREET			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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>
9/30/18	Yes on P to Protect and Keep Laguna Beach Fire Safe, Supported by Mayor Boyd and Council Members Whalen and Zur Schmiede 482 Aster Street, Laguna Beach CA 92651 ID# 1405583	Local Ballot Measure P, Laguna Beach, CA	1,600	11/6/18

Reason for Amendment: _____