

# 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>10/15/18</u>	Date Stamp <b>RECEIVED</b>  <b>OCT 15 2018</b>  City Clerk's Office City of Laguna Beach, CA	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 949-715-9800	I.D. NUMBER (if applicable) 1405583		Report No. <u>13</u>		
STREET ADDRESS 482 Aster Street			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Laguna Beach	STATE CA	ZIP CODE 92651		No. of Pages <u>1</u>	

## 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
10/12/18	Jeff Meberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,750.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/13/18	Scott Tenney	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Blueberry Farms	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/13/18	James Caillouette, M.D.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orthopedic Surgeon James T. Caillouette, M.D.	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*\*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: \_\_\_\_\_