

# 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>10/16/18</u>	Date Stamp <b>RECEIVED</b>  <b>OCT 17 2018</b>  City Clerk's Office City of Laguna Beach, CA	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER 949-715-9800	I.D. NUMBER (if applicable) 1405583		Report No. <u>14</u>		
STREET ADDRESS 482 Aster Street			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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
10/15/18	Jason Spero	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tech Executive Google	2,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/15/18	John Hamil, DVM	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veterinarian John Hamil, DVM	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