

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 10/26/18	Date Stamp RECEIVED OCT 26 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) 1405583	Report No. 16		
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 1	

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
10/25/18	Patricia O'Brien	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000 <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
		<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

****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: _____