

# 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>9/20/18</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only <b>RECEIVED</b>  <b>SEP 25 2018</b>  City Clerk's Office City of Laguna Beach, CA
AREA CODE/PHONE NUMBER 949-715-9800	I.D. NUMBER (if applicable) 1405583		Report No. <u>8</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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/21/18	Barbara MacGillivray	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner MacGillivray Freeman Films	3,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/21/18	Burge Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

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