

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>9/13/18</u>	Date Stamp RECEIVED SEP 13 2018 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 949-715-9800	I.D. NUMBER (if applicable) 1405583	Report No. <u>6</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
9/12/18	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	2,500 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/12/18	Kirsten Whalen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Kirsten Whalen	1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/12/18	Bob Whalen for Council 2016	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Bob Whalen for Council 2016		Date of This Filing <u>9/13/18</u>	Date Stamp RECEIVED SEP 13 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) 1342344	Report No. <u>1</u>		
STREET ADDRESS 477 Holly 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/12/18	Yes on P to Protect and Keep Laguna Beach Fire Safe, Supported by Mayor Boyd and Council Members Whalen and Zur Schmiede ID# 1405583	Local Ballot Measure P, Laguna Beach, CA	4,000	11/6/18

Reason for Amendment: _____