

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Laguna Residents First		Date of This Filing <u>11/4/2022</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1421491	Report No. _____		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. <u>6</u> (explain below)		
CITY Laguna Beach	STATE CA	ZIP CODE 92651	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED An Ordinance Creating an Overlay District and Requiring Voter Approval			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER Q	JURISDICTION Laguna Beach	SUPPORT Yes	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/4/2022	MailPros, 8935 Research Drive, Suite 100, Irvine CA 92618 Printing and postage	\$ 7,985.50

Reason for Amendment Invoice amount less than estimate amount