

497 24-HOUR CONTRIBUTION REPORT

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER GOLDSTEIN, SAMUEL		Date of This Filing 8/11/2020	Date Stamp RECEIVED AUG 11 2020 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 830-5231	I.D. NUMBER (if applicable) 1304191	Report No. 4		
STREET ADDRESS 49 LAGUNITA DRIVE		<input type="checkbox"/> Amendment to Report No. 000 <small>(explain below)</small>		
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	No. of Pages 2	

Page 1 of 2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

497 24-HOUR CONTRIBUTION REPORT

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER GOLDSTEIN, SAMUEL		Date of This Filing <u>8/11/2020</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 830-5231	I.D. NUMBER (if applicable) 1304191	Report No. <u>4</u>		
STREET ADDRESS 49 LAGUNITA DRIVE		<input type="checkbox"/> Amendment to Report No. <u>000</u> (explain below)		
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	No. of Pages <u>2</u>	
			Page 2 of 2	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
8/10/2020 - 8/10/2020	Bob Whalen for City council	Whalen Bob Office Description: City council Jurisdiction: City Office Sought	\$880.00	11/3/2020
8/11/2020 - 8/11/2020	Mariann Tracy for City Clerk	Tracy mariann Office Description: City Clerk Jurisdiction: City Office Sought	\$893.00	11/3/2020

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC