

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Mariann Tracy		Date of This Filing 10/13/2020	Date Stamp  OCT 12 2020  City Clerk's Office City of Laguna Beach, CA	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER (949) 235-2924	I.D. NUMBER (if applicable) 1425582	Report No. 2		
STREET ADDRESS 2108 Crestview Drive		<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below) No. of Pages 1		
CITY Laguna Beach	STATE CA		ZIP CODE 926561	

## 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
9/8/2020	Mariann Tracy	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Assistant	\$5,000  <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

Reason for Amendment: This is a self donation. My name is listed on the check along with my husband's. I have changed the name of the contributor to myself.

\* 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