497 Contribution Report

Amounts may be rounded to whole dollars.

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DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* GENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Mariann Tracy Mariann Tracy Mariann Tracy S5,000 OTH PTY SCC IND COM OTH PTY SCC Provide inte Check if Check if Provide inte Check if Provide inte Check if Provide inte					1		City of Laguna Beach, CA	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Mariann Tracy Mariann Tracy 9/8/2020 Mariann Tracy Mariann Tracy Mariann Tracy IND OTH PTY SCC IND OTH PTY SCC Provide inte COMTRIBUTOR CODE* IND COM OTH PTY SCC Provide inte COM OTH PTY SCC Provide inte COM OTH PTY SCC Provide inte Check if	1. Contribution(s	s) Received						
9/8/2020 COM		FULL NAME		JTOR		ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED	
COM	9/8/2020	Mariann Tracy				☐ COM ☐ OTH ☐ PTY	Executive Assistant	\$5,000 Check if Loan ** Provide interest rate
COM OTH PTY SCC Provide inte						COM OTH PTY		Check if Loan Provide interest rate
* Contributor Codes	-					COM OTH PTY		☐ 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 OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	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.						IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party	