497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER		Date of	0/0/00	Date Stamp	CALIFORN	A 497	
Mariann Tracy for City Clerk 2020		This Filing	9/8/20		FORM	491	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Report No				al Use Only	
(949) 235-2924 1425582		Report No.		RI		EIVED	
STREET ADDRESS		Amendment to Report No (explain below) No. of Pages					
2108 Crestview Drive				5		0 8 2020	
CITY STATE ZIP CODE						City Clerk's Office	
Laguna Beach CA 92651					City Of Lac	guna Beach, CA	
1. Contribution	n(s) Received				City of East	9	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ror	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
9/8/2020	Richard Tracy		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired		Check if Loan rovide interest rate	
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan % rovide interest rate	
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan % Provide interest rate	
Reason for Amendme	ent:			**Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribu	siness entity)	an PTY or SCC)	