


496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Village Laguna, Inc.		Date of This Filing 10/7/20	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 949-412-1909	I.D. NUMBER (if applicable) 990381	Report No. 4	 RECEIVED OCT 07 2020	
STREET ADDRESS 31538 Egan Road		<input type="checkbox"/> Amendment to Report No. (explain below)	City Clerk's Office City of Laguna Beach, CA	
CITY Laguna Beach	STATE CA	ZIP CODE 92651		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Ruben Flores				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City council member	DISTRICT NO. Laguna Beac	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/6/20	postage for mailer	5,736

Reason for Amendment