

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 _____	Date Stamp RECEIVED SEP 17 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. <u>6</u>		
STREET ADDRESS 49 LAGUNITA DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	No. of Pages <u>2</u>	

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
		<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:

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			Page 2 of 2	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/16/2020 - 9/16/2020	Liberate Laguna Liberate Laguna		\$5,000.00	11/3/2020

Reason for Amendment:

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