

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 <u>9/23/2020</u>	Date Stamp RECEIVED SEP 23 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>8</u>		
STREET ADDRESS 49 LAGUNITA DRIVE			<input type="checkbox"/> Amendment to Report No. <u>000</u> <small>(explain below)</small>		
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92651	No. of Pages <u>2</u>	Page 1 of 2	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	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	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/23/2020 - 9/23/2020	Cottie Norris 2646 Dupont Drive Ste 60-174 Irvine, CA 92612 1414368	Cottie Norris State Assembly Jurisdiction: Statewide Office Sought	\$1,000.00	11/3/2020

Reason for Amendment: