497 Contribution Report

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

NAME OF FILER Elaine Gennawey for Laguna Niguel City Council 2014	**Date of This Filing** 10/15/2014
AREA CODE/PHONE NUMBER ▮	**I.D. NUMBER** *(if applicable)* 1362486	**Report No.** 2
STREET ADDRESS ▮	**Amendment Report No.** *(lain below)*
	of Pages 1

2014 OCT 15 AM 8: 5 Date Stamp

CALIFORNIA FORM 497

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CITY OF LAGUNA NIGUEL

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
10/14/14	Dennis Mulvaney ▮	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	1,000.00 ☐ Check if Loan ____% Provide interest rate
10/14/14	OCADA PAC ▮	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 ☐ Check if Loan ____% Provide interest rate
10/14/14	Allen Oldsmobile Cadillac, Inc. ▮	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 ☐ Check if Loan ____% Provide interest rate

Reason for Amendment: _____

**Contributor Codes
IND — Individual
COM — Recipient Committee (other than PTY or SCC)
OTH — Other (e.g., business entity)
PTY — Political Party
SCC — Small Contributor Committee