497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER
Gennawey for Laguna Niguel Council 2018

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
▇▇▇▇▇	1362486

STREET ADDRESS
▇▇▇▇▇▇

CITY	STATE	ZIP CODE
Laguna Niguel	CA	92677

Date of This Filing __10/31/18__

Report No. ___1___

☐ Amendment to Report No. ___
(explain below)

No. of Pages ___1___

Date Stamp

2018 OCT 31 PM 1:47

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
10/29/18	Orange County Auto Dealers Association ▇▇▇▇▇▇	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
10/29/18	Allen Oldsmobile Cadillac, Inc. ▇▇▇▇▇▇	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

24 hour reporting

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