

497 Contribution Report

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Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Line in the Sand			Date of This Filing <u>08/29/2018</u>	Date Stamp 2018 AUG 30 AM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1369133		Report No. <u>2018.0824.1</u>	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
STREET ADDRESS [REDACTED]			<input checked="" type="checkbox"/> Amendment to Report No. <u>2018.0824.1</u> (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92663	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)

Reason for Amendment: Contribution received was misreported on Form 497.