

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Nimblegov PAC		Date of This Filing <u>10/5/26</u>	Date Stamp RECEIVED OCT 5 2026 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 	I.D. NUMBER (if applicable) 1421491	Report No. <u>10-002</u>		
STREET ADDRESS 		☐ Amendment to Report No. _____ (explain below)		
CITY Laguna Beach	STATE CA	ZIP CODE 92651		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED 				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED An Ordinance to Establish Term Limits for City Council Members			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER E	JURISDICTION City	SUPPORT X	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/5/26	1/2 and final payment for EDDM mailing thru USP Group, 2132 Ritchey St., Santa Ana, CA 92705	2842.19

Reason for Amendment _____
