

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Dez Myers for Council 2022		Date of This Filing 8/15/22		CALIFORNIA FORM 497 For Official Use Only CITY CLERK PALOS VERDES ESTATES
AREA CODE/PHONE NUMBER 310 404 4707	I.D. NUMBER (if applicable)	Report No. 1	Date Stamp AUG 15 2022	
STREET ADDRESS 1508 Via Lazo		<input type="checkbox"/> Amendment to Report No. (explain below)	<input type="checkbox"/> Check if Loan	CITY CLERK PALOS VERDES ESTATES
CITY Palos Verdes Estates CA	STATE CA	No. of Pages 2	Provide interest rate _____%	
ZIP CODE 90274		CITY CLERK PALOS VERDES ESTATES		

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
8/8/2022	Desiree Myers 1508 Via Lazo Palos Verdes Estates, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/10/2022	Rene & Phyllis Scribe [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$400 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/10/2022	Patricia Vancura [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER <i>310 404 4707</i>	STREET ADDRESS <i>1508 Via Lazo</i>	Report No. <i>1</i> <input type="checkbox"/> Amendment to Report No. (explain below) _____ No. of Pages <i>2</i>		
CITY <i>Palos Verdes Estates CA</i>	STATE <i>CA</i>	ZIP CODE <i>90274</i>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	<i>None</i>			