

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Dez Myers for Council 2022	<b>Date Stamp</b> <b>RECEIVED</b> AUG 25 2022	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 310 404 4707	<b>Date of This Filing</b> 9/25/22	
<b>I.D. NUMBER (if applicable)</b> 1452 287	<b>Report No.</b> 2	
<b>STREET ADDRESS</b> 1508 Via Lazo	<input type="checkbox"/> Amendment to Report No. (explain below)	
<b>CITY</b> Palos Verdes Estates CA 90274	<b>No. of Pages</b> 3	<b>CITY CLERK</b> 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
8/19/22	Diane Nyström [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/17/22	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	220 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
8/15/22	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	258 <input checked="" 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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<b>NAME OF FILER</b> Des Myers for Council 2022	<b>Date of This Filing</b> 9/25/22	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b>
<b>AREA CODE/PHONE NUMBER</b> 310 404 4707	<b>I.D. NUMBER (if applicable)</b> 1452287	<b>Report No.</b> 2	For Official Use Only
<b>STREET ADDRESS</b> 1508 Via Lazo	<b>STATE</b> CA	<input type="checkbox"/> Amendment to Report No. (explain below)	
<b>CITY</b> Palos Verdes Estates CA 90274	<b>ZIP CODE</b> 90274	<b>No. of Pages</b> 3	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/17/22	Desiree Myers 1508 Via <del>Lazo</del> 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	18 <input checked="" type="checkbox"/> Check if Loan 0% Provide interest rate
8/11/22	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 checked="" type="checkbox"/> Check if Loan 0% Provide interest rate
8/18/22	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	780 <input checked="" type="checkbox"/> Check if Loan 0% Provide interest rate

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Reason for Amendment: \_\_\_\_\_

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AREA CODE/PHONE NUMBER <i>310 404 4707</i>	Report No. <i>2</i>		
STREET ADDRESS <i>1508 Via Lazo</i>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Palos Verdes Estates</i>	No. of Pages <i>3</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>			