

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER  
**ARCHITECT FUND**

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1445147

STREET ADDRESS

389 PHOENIX VERDES DR. W.

CITY

STATE

ZIP CODE

PHOENIX VERDES ESTATES CA 90274

Date Stamp

CALIFORNIA FORM

497

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Date of This Filing: 3/29/22  
 Report No.: 1  
 Amendment to Report No.: 0  
 No. of Pages: 8

## 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
2/28/22	MARIANA McMAHON	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check if Loan Provide interest rate: _____ %
2/28/22	DIANE DAVID-NYSTROM	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$200 <input type="checkbox"/> Check if Loan Provide interest rate: _____ %
2/28/22	GEORGE SWEENEY	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT GEORGE SWEENEY ARCHITECT	\$100 <input type="checkbox"/> Check if Loan Provide interest rate: _____ %

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

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 PTY - Political Party  
 SCC - Small Contributor Committee



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NAME OF FILER  
**ARTUR FINE**

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)  
**1445142**

STREET ADDRESS

**389 PHOENIX VERDES DR. W.**

CITY

**PHOENIX VERDES EST. CA 90274**

STATE

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3/28/22	RAH & CHRISTINE BHAER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 200 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	JEAN CLAUDE PERSHIS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/3/22	RENÉE & PHYLIS SCRIBE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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\_\_\_\_\_  
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NAME OF FILER: ARTHUR FINE

AREA CODE/PHONE NUMBER: [REDACTED] I.D. NUMBER (if applicable): 144 5147

STREET ADDRESS: 389 PALOS VERDES DR. W.

CITY: PALOS VERDES EST. STATE: CA ZIP CODE: 90274

Date of This Filing: 3/28/22

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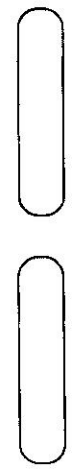
Date Stamp: \_\_\_\_\_

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<u>3/3/22</u>	<u>STHELLEY DIERKER PALOS VERDES EST. 90274</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED N/A</u>	<u>\$100</u> <input type="checkbox"/> Check if Loan Provide interest rate: _____%
<u>3/3/22</u>	<u>BOB WACEY PALOS VERDES EST. 90274</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED N/A</u>	<u>\$100</u> <input type="checkbox"/> Check if Loan Provide interest rate: _____%
<u>3/3/22</u>	<u>ADVICE MAIER</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED N/A</u>	<u>\$200</u> <input type="checkbox"/> Check if Loan Provide interest rate: _____%

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**144 5147**

STREET ADDRESS

**389 PHOENIX VILLAGES DR. W**

CITY

**PHOENIX VILLAGES ESTATES CA 90274**

STATE

ZIP CODE

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3/3/22	ARTHUR FINE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	MARY ANN SNOWDEN GARLAND	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$50 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	RONALD K. THOMAS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$50 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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**PALOS VERDES ESTATES**

STATE

**CA 90274**

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IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

DATE RECEIVED

CONTRIBUTOR CODE\*

AMOUNT RECEIVED

**3/24/22**

**RV TRUSTS**

IND  
 COM  
 OTH  
 PTY  
 SCC

**\$10,000**

Check if Loan

Provide interest rate %

**3/26/22**

**DULGHT C STREET**

IND  
 COM  
 OTH  
 PTY  
 SCC

**PROF. SCHOOL OF ENGINEERING UCLLA, WESTWOOD, CA**

Check if Loan

Provide interest rate %

**3/26/22**

**LOUIS KRASNOVIC SARA SCHNEIDER**

IND  
 COM  
 OTH  
 PTY  
 SCC

**LITTEGATORS ARENT FOX, SCHIFF SAN FRANCISCO, CA.**

Check if Loan

Provide interest rate %

Reason for Amendment

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NAME OF FILER <b>ARTHUR FINE</b>		I.D. NUMBER (if applicable) <b>1445147</b>		Date of This Filing <b>3/29/22</b>	Date Stamp
AREA CODE/PHONE NUMBER [REDACTED]		STREET ADDRESS <b>389 PALOS VERDES DR. W.</b>		Report No. <b>1</b>	
CITY <b>PALOS VERDES ESTATES</b>		STATE <b>CA</b>	ZIP CODE <b>90274</b>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
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3/26/22	MARK MCCASLID [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE MCCASLID CO, STOCK COMPANY	\$2500 <input type="checkbox"/> Check If Loan Provide interest rate _____%
3/26/22	RICHARD BRIGGS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGAL SERVICES OF RICHARD BRIGGS ATTORNEY	\$400 <input type="checkbox"/> Check If Loan Provide interest rate _____%
2/28/22	ADONISMOUS	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	\$250 <input type="checkbox"/> Check If Loan Provide interest rate _____%

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3/28/22	MARJORIE A. JOHN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$50 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	CHRISTOPHER LARSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$50 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	Rowley William [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER Rowley Ferguson ENGINEERING INC	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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3/28/22	SABINA WEDECKER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST GENERAL PRACTICE	\$100 <input type="checkbox"/> Check if Loan Provide interest rate: _____ %
3/28/22	RICHARD M. STARBUCK [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SURGEON 25825 VERMONT AV, KAISER	\$500 <input type="checkbox"/> Check if Loan Provide interest rate: _____ %
3/28/22	JENNIFER PETER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NURSE AND STHETIC CMG	\$500 <input type="checkbox"/> Check if Loan Provide interest rate: _____ %

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