

COVER PAGE  
**Recipient Committee Campaign Statement Cover Page**  
**CALIFORNIA 460 FORM**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 8/10/2022 through 9/24/2022

Date of election if applicable: (Month, Day, Year) 11/8/2022

Date Stamp: **RECEIVE** OCT 6 2022 **CITY CLERK PALOS VERDES ESTATES**

Page 1 of 2  
 For Official Use Only

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain below)  
 Correct candidate name cover page #5. Add zeros Campaign Disclosure Statement lines 10, 18, 19

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Dez Myers for Council 2022

I.D. NUMBER  
1452287

STREET ADDRESS (NO P.O. BOX)  
1508 Via Lazo

CITY STATE ZIP CODE AREA CODE/PHONE  
Palos Verdes Estates CA 90274

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
1421 Via Atco

CITY STATE ZIP CODE AREA CODE/PHONE  
Palos Verdes Estates CA 90274

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/14/2022 By [Redacted]  
Date Signature of Assistant Treasurer

Executed on 10/14/2022 By [Redacted]  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

OPTIONAL: FAX / E-MAIL ADDRESS

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**CALIFORNIA 460  
FORM**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Desiree Myers

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Palos Verdes Estates CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1508 Via Lazo Palos Verdes Estates CA 90274

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME N/A	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
N/A

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE N/A	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from 8/10/2022

through 9/24/2022

**CALIFORNIA FORM 460**

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dez Myers for Council 2022

I.D. NUMBER

1452287

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B  
CALENDAR YEAR  
TOTAL TO DATE

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 11536	\$ 11536
2. Loans Received.....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 11536	\$ 11536
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 11536	\$ 11536

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$
21. Expenditures Made	\$

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 5890	\$ 5890
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 5890	\$ 5890
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 685	685
10. Nonmonetary Adjustment.....	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 6575	\$ 6575

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(# Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 500
13. Cash Receipts.....	Column A, Line 3 above 11536
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0
15. Cash Payments.....	Column A, Line 8 above 5890
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6146

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 0

\*Amounts in this section may be different from amounts reported in Column B.