

497 Contribution Report

Amounts may be rounded to whole dollars.

DL

| | | | | |
|--|---|--|---|----------------------------|
| NAME OF FILER Dez Myers for Council 2022 | | Date of This Filing 8/30/2022 | Date Stamp RECEIVED AUG 30 2022 CITY CLERK PALOS VERDES ESTATES | CALIFORNIA FORM 497 |
| AREA CODE/PHONE NUMBER 310 404 4707 | I.D. NUMBER (if applicable) 1452287 | Report No. 3 | For Official Use Only | |
| STREET ADDRESS 1508 VIA LAZO | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY Palos Verdes Estates | STATE CA | ZIP CODE 90274 | No. of Pages 10 | |

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 |
|---------------|--|---|--|--|
| 8/28/22 | Jeanine Kilroy [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Cyber Proofpoint | 100 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/28/22 | Judith Pollard [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/25/22 | Anita Despues - Watson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Transfrom My Limitless Life LLC | 50 <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: _____

APR Contribution Report

Amounts may be rounded to whole dollars

2022

| | | | |
|---|---|--|--|
| NAME OF FILER Dev. Myers for Council 2022 | | Date of This Filing 8/30/22 | Use Stamp  For Official Use Only |
| AREA OR PHONE NUMBER 310 404 4707 | CR NUMBER (if any) | Report No. 2 | |
| STREET ADDRESS 1500 Via Lago | CITY STATE ZIP CODE Palos Verdes Estates CA 90274 | <input type="checkbox"/> Amendment to Report No. Serial Number No. of Pages 10 | |

1. Contributions Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR IS AN ENTITY, INDICATE) | CONTRIBUTOR CODE | DATE RECEIVED, OCCUPATION AND EMPLOYER (IF EMPLOYED, STATE NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|--|--|
| 8/28/22 | Rick Swinn [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC | Retired | 100 <input type="checkbox"/> Check # [] Payable to order of [] |
| 8/24/22 | Devine Myers 1500 Via Lago 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"/> SOC | Retired | 10 <input type="checkbox"/> Check # [] Payable to order of [] |
| 8/24/22 | Devine Myers 1500 Via Lago 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"/> SOC | Retired | 10 <input type="checkbox"/> Check # [] Payable to order of [] |

- Contributor Codes
- IND - Individual
 - COM - Political Committee (other than PTY or SOC)
 - OTH - Other (e.g., business entity)
 - PTY - Political Party
 - SOC - Social Contributor Committee

Reason for Amendment:

487 Contribution Report

Amounts may be rounded to whole dollars.

2022 001

NAME OF FILER

Del Norte for Council 2022

APPLICANT'S EIN

310404 4707

F.I. NUMBER (optional)

1452287

STREET ADDRESS

1508 VINA LAZAO

CITY

Primo Verdes Estadio

STATE

CA

ZIP CODE

910279

Date of This Filing 8/30/22

Use Stamp



For Office Use Only

Report No. 3

Amendments to Report No. (optional) (none)

No. of Pages 10

1. Contribution(s) Received

| DATE RECEIVED | NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR IS AN ENTITY, SEE INSTRUCTIONS) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF EMPLOYED, ENTER NAME OF EMPLOYER) | AMOUNT RECEIVED |
|---------------|--|---|---|---|
| 8/28/22 | Caragh O'Brien [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC | Teacher To, on + Country Nursery School | 100 <input type="checkbox"/> Check # [blank] |
| 8/25/22 | Pamela Marotti [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC | Dietitian Providence Little Company of Mary Hospital | 200 <input type="checkbox"/> Check # [blank] |
| 8/24/22 | Sandra Marotti [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC | President Pater Women Zoro's Friends Inc | 100 <input type="checkbox"/> Check # [blank] |

Reason for Amendments

- * Contributor Codes
- IND - Individual
 - COM - Recipient Committee (other than PTY or SOC)
 - OTH - Other (e.g., business entity)
 - PTY - Political Party
 - SOC - Small Descriptor Committee

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|---|---------------------------|--|
| NAME OF FILER <i>DoB Memory Co. - Council 2022</i> | | Date of This Filing <i>8/20/22</i> | Date Stamp | CALIFORNIA FORM 497 For Officials Use Only |
| AREA CODE/PHONE NUMBER <i>310 404 9707</i> | FAX NUMBER (if applicable) <i>1452 287</i> | Report No. <i>3</i> | | |
| STREET ADDRESS <i>1508 Via Lugo</i> | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY <i>River Verde Estates</i> | STATE <i>CA</i> | ZIP CODE <i>90274</i> | No. of Pages <i>10</i> | |

1. Contribution(s) Received


| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR ALSO ENTERED NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF FOR COMPANY, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|--|---|
| <i>8/15/22</i> | <i>Margy Way</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Bookkeeping</i> <i>Margy Way</i> <i>Bookkeeping</i> | <i>25</i> <input type="checkbox"/> Check / Loan _____% <small>Provide interest rate</small> |
| <i>8/14/22</i> | <i>Maryann Ball</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>100</i> <input type="checkbox"/> Check / Loan _____% <small>Provide interest rate</small> |
| <i>8/28/22</i> | <i>Judith Dowdman</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>100</i> <input type="checkbox"/> Check / Loan _____% <small>Provide interest rate</small> |

Reason for Amendment _____




* 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

587 Contribution Report

Amounts may be reported in whole dollars

| | | | |
|---|---|--|---|
| NAME OF FILER Rep. Myers for Council 2022 | | Date of Time Filing 8/22/22 | NEW COUNTY  For Official Use Only |
| AREA CODE/PHONE NUMBER 310 404 4707 | FILER NUMBER (if applicable) 1452-287 | Report No. 2 | |
| STREET ADDRESS 1505 VIA LAZO | | <input type="checkbox"/> Amendment to Report No. (specify below) | No. of Pages 2 |
| CITY Palo Verde Est | STATE CA | | |

1. Contributor(s) Received

| DATE RECEIVED | NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If donor is a business, give name) | CONTRIBUTION CODE | IF AN EMPLOYEE, GIVE EMPLOYER AND EMPLOYER ADDRESS AND EMPLOYEE'S POSITION | AMOUNT RECEIVED |
|---------------|--|---|--|--|
| 8/22/22 | Christine E Fine  | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COV <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200.00 <input type="checkbox"/> Check if Loan |
| 8/22/22 | Richard & Elizabeth Sawyer  | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COV <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Surgeon - Kaiser & REMED | 1000.00 <input type="checkbox"/> Check if Loan |
| 8/28/22 | NINA JACOBSON  | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COV <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Advertising Marketing | 30.00 <input type="checkbox"/> Check if Loan |

- Contributor Codes
- IND - Individual
 - COV - Corporation/Cooperative (other than PTY or SCC)
 - OTH - Other (e.g., business entity)
 - PTY - Political Party
 - SCC - Small Contributor Committee

Signature for Amendment

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|---|--------------------------|---|
| NAME OF FILER <i>Dez Meyers for Council 2022</i> | | Date of This Filing <i>8/30/22</i> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER <i>310 404 4707</i> | I.D. NUMBER (if applicable) <i>1452287</i> | Report No. <i>3</i> | | |
| STREET ADDRESS <i>1509 Via Lazo</i> | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <i>10</i> | | |
| CITY <i>Palos Verdes Estates</i> | STATE <i>CA</i> | | ZIP CODE <i>90274</i> | |

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 |
|----------------|--|---|--|--|
| <i>8/28/22</i> | <i>Glen & Lisa Tanner</i> <div style="background-color: black; height: 20px; width: 100%;"></div> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Business owners Maximum Energy Professionals</i> | <i>500</i> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |
| <i>8/24/22</i> | <i>Mariana Mc Mullen</i> <div style="background-color: black; height: 20px; width: 100%;"></div> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>50</i> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |
| <i>8/24/22</i> | <i>Edward Kennedy</i> <div style="background-color: black; height: 20px; width: 100%;"></div> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>100</i> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |

* 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 _____

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|--|---|---------------------------|---|
| NAME OF PTPP <i>Open Monrovia For Council 2022</i> | | Date of this Filing <i>8/30/22</i> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER <i>310 404 4707</i> | LTG NUMBER (if applicable) <i>1452287</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> | STATE <i>CA</i> | ZIP CODE <i>90274</i> | No. of Pages <i>10</i> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF DONOR (LISTOR) (IF APPLICABLE, ALSO LIST LTG NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, LIST OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, PROVIDE NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|---|
| <i>8/28/22</i> | <i>Shelly Dierker</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>100</i> <input type="checkbox"/> Check if cash Provide interest rate |
| <i>8/28/22</i> | <i>Bobby Akin</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Self Employed Productive Mkt</i> | <i>50</i> <input type="checkbox"/> Check if cash Provide interest rate |
| <i>8/28/22</i> | <i>Ried Schott</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Consultant Ried Schott Consultant</i> | <i>50</i> <input type="checkbox"/> Check if cash Provide interest rate |

Reason for Amendment: _____

* 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

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--|---|---|------------------------|---|
| NAME OF FILER Dez Myers for Council 2022 | | Date of This Filing 8/30/22 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 310 404 4707 | I.D. NUMBER (if applicable) 1452787 | Report No. 3 | | |
| STREET ADDRESS 1508 Via Lazo | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Palms Verdes Estates | STATE CA | ZIP CODE 90274 | No. of Pages 10 | |

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 | Jacqueline Peterson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 150 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/28 8/29/22 | Janice & Tom Maier | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 213 exp <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/25/22 | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

* 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

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|---|------------------------|---|
| NAME OF FILER <u>DC 3 Myers for Council 2022</u> | | Date of This Filing <u>8/30/22</u> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER <u>310 404 4707</u> | I.D. NUMBER (if applicable) <u>1452287</u> | Report No. <u>3</u> | | |
| STREET ADDRESS <u>1508 Via Lazo</u> | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY <u>Palos Verdes Estates CA</u> | STATE <u>CA</u> | ZIP CODE <u>90274</u> | No. of Pages <u>10</u> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|---|
| 8/28/22 | <u>Ginny John Dixon</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</u> | <u>100</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/28/22 | <u>Parvin Jensen</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</u> | <u>100</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 8/28/22 | <u>Marlene Doley</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</u> | <u>30</u> <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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--|---|--|------------------------|---|
| NAME OF FILER <i>Dez Myers for Council 2022</i> | | Date of This Filing <i>8/30/22</i> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER <i>310 404 4707</i> | I.D. NUMBER (if applicable) <i>1452287</i> | Report No. <i>3</i> | | |
| STREET ADDRESS <i>1508 VIA LAZO</i> | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY <i>PALOS VERDES EST CA</i> | STATE <i>CA</i> | ZIP CODE <i>90274</i> | No. of Pages <i>10</i> | |

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 |
|----------------|---|---|--|--|
| <i>8/28/22</i> | <i>Michelle Towns</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Optician - Self Employed</i> | <i>95</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| <i>8/28/22</i> | <i>Shirley Winston</i> <i>Address unknown</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>40</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| <i>8/28/22</i> | <i>Judith Schuler - Polkard</i> [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>25</i> <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: _____