

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | |
|---|--|---|--|
| <p>NAME OF FILER Misty Perez for City Council 2020</p> <p>AREA CODE/PHONE NUMBER [REDACTED]</p> <p>I.D. NUMBER (if applicable) [REDACTED]</p> <p>STREET ADDRESS [REDACTED]</p> <p>CITY STATE ZIP CODE Port Hueneme CA 93041</p> | <p>Date of This Filing 10/22/20</p> <p>Report No. 1</p> <p><input type="checkbox"/> Amendment to Report No. _____ (explain below)</p> <p>No. of Pages 2</p> | <p>Date Stamp</p> <p>RECEIVED 10/22/2020</p> <p>-KLB</p> | <p>CALIFORNIA FORM 497</p> <p>For Official Use Only</p> |
|---|--|---|--|

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 |
|-----------------|---|---|---|--|
| 10/20/20 | Misty Perez [REDACTED] Port Hueneme CA 93041 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Paralegal Flahavan Law Firm | 1010.00 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <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 |
| | | <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

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|---|---|---|-----------------------|---|
| NAME OF FILER <i>Misty Perez for City Council 2020</i> | | Date of this Filing <i>10/22/20</i> | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) [REDACTED] | Report No. <i>1</i> | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY <i>Port Hueneme</i> | STATE <i>CA</i> | ZIP CODE <i>93041</i> | No. of Pages <i>2</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>N/A</i> | | | |
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Reason for Amendment: _____
