<ul> <li>○ State Candidate Election Committee</li> <li>○ Recall</li> </ul>	Statement covers period from01/01/2024 through01/20/2024  mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored	Date of election if applicable: (Month, Day, Year)  03/05/2024  2. Type of Statement:  Preelection Statement  Semi-annual Statement  Termination Statement		CALIFORNIA 460  Page 1 of 11  For Official Use Only  Quarterly Statement Special Odd-Year Report Supplemental Preelection
General Purpose Committee Sponsored Small Contributor Committee	) Sponsored sso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee sso Complete Part 7)	(Also file a Form 410 Ter	mination)	Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Myra Demeter for City Council 2024  STREET ADDRESS (NO P.O. BOX)	NUMBER 461081	Treasurer(s)  NAME OF TREASURER  Gary Crummitt  MAILING ADDRESS  249 E. Ocean Blvd., #6  CITY		IP CODE AREA CODE/PHONE
249 E. Ocean Blvd., #670  CITY STATE ZIP COI  Long Beach CA 90802  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO  garycrummitt		Long Beach NAME OF ASSISTANT TREASURE Myra Demeter MAILING ADDRESS		90802
OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	CITY  Beverly Hills  OPTIONAL: FAX / E-MAIL ADDRES	CA	IP CODE AREA CODE/PHONE 90212
Verification     I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California     01/24/2024	this statement and to the best of my kno that the foregoing is true and correct.	wledge the information contained have	n and in the attached sch	iedules is true and complete. I certify
Executed on	By Signature of Con	Signature of preasure nor Assistant free troiling Officeholder, Gendidate, State Measure Propor		nsor
Executed on	Bv	Signature of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State		

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Officeholder or Candidate Control	olled Committee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Myra Demeter						
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	1	SUPPORT
City Council Member Beverly Hill	s					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	O STREET) CITY STATE ZIP					
	Beverly Hills CA 90212		Identify the controlling of			e proponent, if an
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Include	d in this Statement: List any committees					
	trolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Car	didate/Offic	ceholder Committee	l ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(			
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	1
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		MANUE OF OFFICEROUSER OR	OARDIDATE	OFFICE GOODING SKYIEEE	SUPPORT OPPOSE
CITY	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER					
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	
	YES NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)					
CITY ST	TATE ZIP CODE AREA CODE/PHONE					
51	IAIE ZIF CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Myra Demeter for City Council 2024						1461081	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)			Column B CALENDAR YEAR TOTAL TODATE	Running in Both the	mary for Candidates e State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	2,318.00	\$	2,318.00	General Elections		
2. Loans Received Schedule B, Line 3		0.00		10,000.00	1/1 th	rough 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2,318.00	\$	12,318.00	20. Contributions Received \$	\$\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures	<b>3</b>	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,318.00	\$	12,318.00	Made \$	\$	
Expenditures Made			Ini		Expenditure Limit S	ummary for State	
6. Payments Made Schedule E, Line 4	\$	6,028.18	\$	6,028.18	Candidates	annually for outlo	
7. Loans Made Schedule H, Line 3		0.00		0.00	00 0	- "	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$	6,028.18		Expenditures Made* foluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3				665.17	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3				0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$	6,693.35	\$	6,693.35		. \$	
Current Cash Statement						. \$	
12. Beginning Cash Balance Previous Summary Page, Line 16		13,822.75	То	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		2,318.00	am	ounts in Column A to the responding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section ma reported in Column B.	y be different from amounts	
15. Cash Payments Column A, Line 8 above		6,028.18		ort. Some amounts in lumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	10,112.57	figu	ures that should be			
If this is a termination statement, Line 16 must be zero.			per	otracted from previous			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only ry over the amounts			
Cash Equivalents and Outstanding Debts			from	m Lines 2, 7, and 9 (if //).			
18. Cash Equivalents							
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	10,665.17					
			i			FPPC Form 460 (Jan/2016	

www.netfile.com

Schedule A Monetary Contributions Received		ons Received  Amounts may be rounded to whole dollars.			ers period CA	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through01/20/2	024 Pa	ge <u>4</u>	of11	
NAME OF FILER					I.D	NUMBER		
Myra Demete	r for City Council 2024				14	61081		
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO	ELECTION D DATE EQUIRED)	
01/18/2024	LINDA BERGHOFF Beverly Hills, CA 90211	IND COM OTH PTY	Retired Retired	500.00	500.	00 G2024	\$500.0	
01/16/2024	Dana Cole Beverly Hills, CA 90212	IND COM OTH PTY	Attorney Dana M Cole	350.00	350.	00 G2024	\$350.0	
01/17/2024	Julie Fluedel Beverly Hills, CA 90211	IND COM OTH PTY	Administrator Dr. Donald Fluegel	100.00	100.	00		
01/19/2024	David Gonen Beverly Hills, CA 90210	☑IND □COM □OTH □PTY □SCC	Retired Retired	200.00	200.0	00 G2024	\$200.00	
01/19/2024	Maria Kantor Beverly Hills, CA 90210	☑IND □COM □OTH □PTY □SCC	Retired N/A	100.00	100.0	00 G2024	\$100.00	
			SUBTOTAL\$	1,250.00				
Amount re     (Include al     Amount re	A Summary ceived this period – itemized monetary contributions.  I Schedule A subtotals.) ceived this period – unitemized monetary contributions etary contributions received this period.				(oth OTH – Oth PTY – Polit	dual sipient Commit er than PTY er (e.g., busir	or SCC) ness entity)	
	1 and 2. Enter here and on the Summary Page, Colur	mn A, Line 1.)	TOTAL \$	2,318.00				

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period from01/01/2024			CALIFORNIA Z		
				through 01/20/	2024	Page	5	_ of	11
NAME OF FILER						I.D. N	JMBER		
Myra Demeter for	City Council 2024					1461	081		
RECEIVED	LL 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	[	R ELEC TO DA' REQU	TE
Bev	ffrey Levine erly Hills, CA 90211	IND COM OTH PTY	Business Levine Management Group Inc	100.00	1	00.00	G2024		\$100.00
Bev	bara Linder erry Hills, CA 90211	IND COM OTH SCC	Retired N/A	100.00	1	00.00	G2024		\$100.00
Bev	n Rosenblatt erly Hills, CA 90212	☑IND □COM □OTH □PTY □SCC	Retired N/A	500.00	50	00.00	G2024		\$500.00
	i Ticknor erly Bills, CA 90211	IND COM OTH PTY SCC	Realtor Self	216.00	21	16.00	G2024		\$216.00
		□IND □COM □OTH □PTY □SCC							
			SUBTOTAL\$	916.00					

\*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

Schedule B – Part 1 Loans Received	Amo	ounts may be r to whole dolla			Statement cov	ers period	SCHE CALIFORN FORM	IIA 460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Myra Demeter for City Council 2024					through01/2	0/2024	Page6  I.D. NUMBER  1461081	of11
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO EMTER I D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Myra Lee Demeter Beverly Hills, CA 90212	Retired N/A	PENOD		PAID  \$O.00  FORGIVEN		0.00% RATE	\$ 10,000.00	\$ 0.0 PER ELECTION
<sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC		\$ 10,000.00	\$0.00	\$0,00	12/31/2025 DATE DUE	\$0.00	11/16/2023 DATE INCURRED	\$ G2025 10,000
				\$ FORGIVEN	\$	%	\$	\$ PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	\$	RATE %	\$	\$PER ELECTION
TO IND COM OTH PTY SCC		SUBTOTAL C	0.004	\$	DATE DUE	\$ 0.00	DATE INCURRED	\$
Schedule B Summary  1. Loans received this period		SUBTOTALS \$			0.00	(Enter (e) on Schedule E, Line 3)		

١.	Loans received this period	\$	0.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	. \$ .	0.00
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$ .	0 . 0 0 (May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

www.netfile.com

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Myra Demeter for City Council 2024	Amounts may to whole (		d	from thro	01/00/000	FOR	7 of 11 MBER
CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTT campaign literature and mailings	MBR member con MTG meetings ar OFC office experition circle PHO phone bank POL polling and POS postage, de	nmunications ad appearan ases alating s survey rese livery and n	s ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pro returned contribution campaign workers's t.v. or cable airtime a candidate travel, lodo staff/spouse travel, lo	ent.  aduction costs is salaries and production costs ging, and meals odging, and meals mmittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID, NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Bergmann Zwerdling Direct 1350 Connecticut Ave. NW #400 Washington, DC 20036		СМР					448.25
Bergmann Zwerdling Direct 1350 Connecticut Ave. NW #400 Washington, DC 20036		CMP					71.07
Citi Cards 1 World Trade Center #100 Long Beach, CA 90802			Credit Card 1	Payment - Se	ee Schedule G		4,908.81
* Payments that are contributions or independent expenditures r	nust also be summ	arized on	Schedule D.			SUBTOTAL\$	5,428.13
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	5,948.13
2. Unitemized payments made this period of under \$100						\$	80.05

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

0.00

6,028.18

Schedule E	
(Continuation Sheet)	
Payments Made	

Continuation Sheet	Schedule E									CHEDULE E (CONT.)
SEE INSTRUCTIONS ON REVERSE  SEE INSTRUCTIONS ON REVERSE  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  NAME OF FILER  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  ARR member communications  MRR member communications  MRR member communications  MRR member communications  MRR member communications  CCD code docated respondulor supporting/opposing others (explain)*  POC colded content expendulor supporting/opposing others (explain)*  POS postage, delivery and messenger services  PRO professional services (legal, accounting)  TRS statisfications committees of the same candidate/sponsor voter registration  NAME AND ADDRESS OF PAYEE  (POS postage, delivery and messenger services  PRO professional services (legal, accounting)  TRS (statisfication)  (PRO PRO DESCRIPTION OF PAYMENT AMOUNT PNI)  Crummitt & Associates, 170-  249 2: doesn't, 249 3: doesn't, 2		Amo	ounts may be	rounded			St	tatement covers period	CALIFO	RNIA ACO
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Myza Demeter for City Council 2024  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  ONS campaign paraphenalisms.  ONS campaign paraphenalisms.  ONS campaign paraphenalisms.  ONS campaign consultants  MICT meetings and appearances  MICT meetings an							£	01/01/2024		
SEE INSTRUCTIONS ON REVERSE  Myra Demeter for City Council 2024  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  OPP campaign consultants  ORS campaign consultants  OFC office sepaness  FET pretition circulating  FET pretition circulatin	Taymonto Mado						trom	01/01/2024		
Ryra Demeter for City Council 2024  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  APP campaign parapheralla/misc.  APP campaign consultants  (CID contribution (explain nonmonetary)*  (CID contributio							throu	igh01/20/2024	Page	8 of <u>11</u>
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  Our campaign paraphemalia/misc.  Our compaign consultants  OFC office expenses  FIL candidate flinghalid fees  FIL candidate flinghalid resuperiting/opposing others (explain)*  FIL candidate flinghalid resuperiting/opposing others (explain)*  FIL candidate flinghalid resuperiting/opposing others (explain)*  FIC paged defense  LEG legal defense  FIC particular and mailings  NAME AND ALDRESS OF PAYEE  FIC ONDERS.  OCCUBE:  OCCUBE:  OFC office expenses  FIC paged defense  FIC paged defense  NAME AND ALDRESS OF PAYEE  FIC point as a superiting of the same candidately print ads  OCCUBES.  OCCUBE:  OCCUBE:  OCCUBE:  OFC Office expenses  FIC paged defense  PRO professional services (legal, accounting)  NAME AND ALDRESS OF PAYEE  FIC ONTITIE, ALSO ENTRE I. NAMESER  OCCUBE:  OCCUBE	NAME OF FILER								I.D. NUMB	ER
OPP campaign paraphenalis/misc.  Seamaging consultants CTB contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* CTB condisions FL candidate filing/ballot fees FL candidate filing/ball	Myra Demeter for City Council 2024								146108	P
CNS compation consultants CNG confibility (explain nonmonetary)* CNC civid donations C	CODES: If one of the following codes accurately describe	s the p	ayment, y	ou may	enter the code	e. Othe	rwise,	describe the payment		
CTIB contribution (explain normonetary)* CV civid containing a contribution (explain normonetary)* Fil. condicated filing/ballot fees Fil. per defining events ND independent expenditure supporting/opposing others (explain)* Fil. company interactive and maillings Fil. policy and measure processor and every research policy and measure processor and every research policy and measure processor and every representative and maillings  No. MAME AND ADDRESS OF PAYEE (PC COMMITTEE, ALSO ENTER I.D. NUMBER)  Commandation in the company of the command									n costs	
CVC divide donations of the Control					ces					
FLC andidate filing/ballot fees ND indrement expenditure supporting/opposing others (explain)* ND independent expenditure supporting/opposing others (explain)* CE legal defense ND independent expenditure supporting/opposing others (explain)* ND interesting expenditure supporting/opposing others (explain)* NAME AND ADDRESS OF PAYEE PRO DESCRIPTION OF PAYMENT AMOUNT PAID  TOTAL TRANSPORTING TOTAL TRA										
IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and measurement of the same candidate/sponsor (Egg. accounting) PRT print ads    NAME AND ADDRESS OF PAYEE   CODE   OR   DESCRIPTION OF PAYMENT   AMOUNT PAID	FIL candidate filing/ballot fees	PHO is	ohone banks	•				candidate travel, lodging, ar	nd meals	
LEG legal defense properties and mailings PRO professional services (legal, accounting) VOT voter registration with the properties of the		POL p	politing and s	urvey rese	arch	06		staff/spouse travel, lodging,	, and meals	no candidate/enoncor
LIT campaign literature and mailings    NAME AND ADDRESS OF PAYEE   CODE   OR   DESCRIPTION OF PAYMENT   AMOUNT PAID		PRO p	orofessional	services (I	egal, accounting)	)	VOT	voter registration		
Crummitt & Associates, Inc. 249 E. Ocean Blvd., #670  Long Beach, CA 90802  PRO  520.00		PRT p	orint ads				WEB	information technology cost	ts (internet, e	-mail)
249 E. Ocean Blvd., #670 Long Beach, CA 90802	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DES	CRIPTIO	N OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 520.00	Long Beach, CA 90802									
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 520.00										
	* Payments that are contributions or independent expenditures must also	o be sum	marized on S	Schedule [	).			St	JBTOTAL \$	520.00

					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove	- FC	ORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 01/20/	2024 Page	9 of <u>11</u>
NAME OF FILER				I.D. NUN	MBER
Myra Demeter for City Council 2024				14610	81
CODES: If one of the following codes accurately describ  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	es the payment, you may MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RAD radio airtime ai RFD returned contri SAL campaign wort TL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwee VOT voter registrativ	nd production costs butions kers' salaries time and production cost bl, lodging, and meals avel, lodging, and meals aren committees of the sal	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Voter Trove 900 Cloud Cover Lane Leander, TX 78641	Text Messaging	0.00	665.17	0.00	665.1
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	665.17	0.00\$	665.1
Schedule F Summary					

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	665.17
2.	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	0.00
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	665.17 May be a negative number

www.netfile.com

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2024	california 460
SEE INSTRUCTIONS ON REVERSE		through 01/20/2024	Page10 of11
IAME OF FILER			I.D. NUMBER
Myra Demeter for City Council 2024			1461081
IAME OF AGENT OR INDEPENDENT CONTRACTOR			
Citi Cards			
CODES: If one of the following codes accurately describes the	ne payment, you may enter the code	e. Otherwise, describe the payment	

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AN	MOUNT PAID
Ari Jogiel LOB Angeles, CA 90015	CMP			1,158.75
Beverly Hills Courier 499 N. Cannon, #400 Beverly Hills, CA 90210	PRT			1,373.00
MailChimp 675 Ponce De Leon Ave., #5000 Atlanta, GA 30308		Email blasts		135.00
Stephanie K Flower & Party Supply 3634 Slauson Ave. Maywood, CA 90225		Decorations for kick off		550.00
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	3,216.75

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be rounded o whole dollars.	Statement covers period from01/01/2024	SCHEDULE G (CONT.)  CALIFORNIA 460  FORM
SEE INSTRUCTIONS ON REVERSE			through01/20/2024	Page11 of11
NAME OF FILER				I.D. NUMBER
Myra Demeter for City Council 2024				1461081
NAME OF AGENT OR INDEPENDENT CONTRACTOR				-
Citi Cards				
CODES: If one of the following codes accurately described campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fND fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings  * Payments that are contributions or independent expenditures must also	MBR member co meetings a OFC office experience of the PHO petition circ phone ban POL polling and POS postage, d PRO professions PRT print ads	ammunications and appearances enses culating ks I survey research elivery and messenger services al services (legal, accounting)	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs Candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR D	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Nosh of Beverly Hills 9689 Santa Monica Blvd. Beverly Hills, CA 90210		Food for kick o	eff.	1,532.70

Attach additional information on appropriately labeled continuation sheets.

\*Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

\*EPPC Form 460 Lian/2016