497	Con	tributi	on Re	port
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Amounts may be rounded to whole dollars.

NAME OF FILER	Date of	09/25/18	Date Stamp	CALIFOR		
Bill Daniels for Ci	This Filing		DF SIMI VALLEY	FORM	431	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Report No	NIA		For Of	ficial Use Only
OTDEET ADDRESS	1405039	- Nopoli No	2010 SE	P 25 AM 10: 31		
STREET ADDRESS	to Report No.	The Amendment to Report No. AFFICE OF CITY CLERK				
CITY	STATE ZIF	CODE	(explain below) 1 BY Julia Suitz			
Simi Valley	Ca. 93	No. of Pages	No. of Pages			
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP (IF COMMITTEE, ALSO ENTER I.I		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AMOUNT RECEIVED		
09/24/18	Howard Herron Simi Valley, Ca. 93065		IND COM OTH PTY SCC	President, Litchfield Asset Managem	ent, Inc.	\$1,000 Check if Loan Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan % Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan % Provide interest rate
Reason for Amendme	This is a late monetary contribution repor	rt.		**Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribu	siness entity)	

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