

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF SIMI VALLEY

2020 SEP 16 PM 3:21

NAME OF FILER <u>Self</u> Sandra Fernelius, Treasurer for Elaine Litster for SVCC District 3		Date of This Filing <u>16 Sept 2020</u>	Date Stamp OFFICE OF CITY CLERK BY <u>Ma</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____-_____-_____-	I.D. NUMBER (if applicable) <u>1427876</u>	Report No. <u>497 3-EL2020</u>		
STREET ADDRESS _____ _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Simi Valley,</u>	STATE <u>CA</u>			

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
15 Sept 2020	Theodore Sullivan Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed CFS Income Tax	<u>\$1,000.00</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate
15 Sept 2020	Paula Sullivan Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed CFS Income Tax	<u>\$1,000.00</u> <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