

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Elaine Litster for SVCC District 3 2020		Date of This Filing 17 Sept 2020	Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 SEP 17 PM 1:43 OFFICE OF CITY CLERK BY <i>vtc</i>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1427876	Report No. _____		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 497 3-EL (explain below) No. of Pages 1		
CITY Simi Valley,	STATE CA	ZIP CODE 93065		

## 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	<del>\$</del> 1,000. <sup>00</sup> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
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	<del>\$</del> 1,000. <sup>00</sup> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

Reason for Amendment: Correct Name of Filer information

\* 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