

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Elaine Litster for Simi Valley City Council 2020		Date of This Filing 18 Sept 2020	Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 SEP 18 AM 10:42 OFFICE OF CITY CLERK BY <i>He</i>	CALIFORNIA FORM 497 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)		
CITY Simi Valley,	STATE CA	ZIP CODE 93065	No. of Pages 1	

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
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	\$ 1,000. ⁰⁰ <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	\$ 1,000. ⁰⁰ <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: 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