

# Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM <b>460</b>
RECEIVED SIMI VALLEY 2020 SEP 24 PM 4:41 CITY CLERK	Page <u>1</u> of <u>32</u>
	For Official Use Only

Statement covers period from <u>01/01/2020</u>  through <u>09/19/2020</u>	Date of election if applicable: (Month, Day, Year)  <u>11/03/2020</u>
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SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee         |
| <input checked="" type="checkbox"/> State Candidate Election Committee           | <input type="checkbox"/> Controlled  |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Sponsored   |
| <small>(Also Complete Part 5)</small>  | <small>(Also Complete Part 6)</small>                                      |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored   | <small>(Also Complete Part 7)</small>                                      |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

### 2. Type of Statement:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement                            | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |  |
| <input type="checkbox"/> Amendment (Explain below)                                   |  |

### 3. Committee Information

I.D. NUMBER  
**1248632**

### Treasurer(s)

NAME OF TREASURER

**DAWN GRAY**

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

**SIMI VALLEY CA 93062**

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**JOE AYALA FOR MAYOR SIMI VALLEY 2020**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**SIMI VALLEY CA 93062**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

**SIMI VALLEY CA 93062**

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2020  
Date

By *Dawn Gray*  
Signature of Treasurer or Assistant Treasurer

Executed on 9/24/2020  
Date

By *Joel Ayala*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

JOE AYALA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

MAYOR SIMI VALLEY

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

SIMI VALLE CA 93063

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>09/19/2020</u>	
Page <u>3</u> of <u>32</u>	I.D. NUMBER <b>1248632</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>28,628.00</u>	\$ <u>28,628.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>600.00</u>	\$ <u>600.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>29,228.00</u>	\$ <u>29,228.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>29,228.00</u>	\$ <u>29,228.00</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>15,909.93</u>	\$ <u>15,909.93</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>15,909.93</u>	\$ <u>15,909.93</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>15,909.93</u>	\$ <u>15,909.93</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>29,228.000</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>15,909.93</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>13,318.07</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>32</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/2020	JONATHAN ABOUD  ISLE VISTA, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GM, ISLE VISTA COMMUNITY SERVICE DISTRICT	100.00	100.00	100.00
08/12/2020	ALBERT AGUILERA  SYLMAR, CA 91342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER, UVIQUITY	100.00	100.00	100.00
08/03/2020	MARLENY ALBARRAN  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	PUBLIC SERVANT, COUNTY OF VENTURA	100.00	100.00	100.00
08/03/2020	REBECCA ALBARRAN  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	ELIGIBILITY WORKER, COUNTY OF VENTURA	100.00	100.00	100.00
08/12/2020	REBECCA ALBARRAN  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	REBECCA ALBARRAN 1791 WALLACE ST SIMI VALLEY, CA 93065	25.00	125.00	125.00

**SUBTOTAL \$ 425.00**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 25,725.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 2,903.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 28,628.00

\*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 A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/25/2020	REBECCA ALBARRAN 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	ELIGIBILTY WORKER, COUNTY OF VENTURA	150.00	275.00	275.00
09/02/2020	REBECCA ALBARRAN 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	ELIGIBILTY WORKER, COUNTY OF VENTURA	100.00	375.00	375.00
09/14/2020	REBECCA ALBARRAN 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	ELIGIBILTY WORKER, COUNTY OF VENTURA	100.00	475.00	475.00
08/03/2020	PAT ANSON GLENDALE CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	100.00	100.00	100.00
09/08/2020	ABDUL ARGHANDEHWAL SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER, SKYWORKS SOLUTIONS	50.00	50.00	50.00
<b>SUBTOTAL \$ 500.00</b>						

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 IND – Individual  
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       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>32</u>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/07/2020	ABDUL ARGHANDEHWAL SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER, SKYWORKS SOLUTION	50.00	100.00	100.00
08/03/2020	MIKE ARMIJO VALENCIA, CA 91354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NEWS PHOTOGRAPHER, KCBS	100.00	100.00	100.00
08/17/2020	MATT ASCERCION SANTA BARBARA, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	200.00	200.00	200.00
07/31/2020	DAVID ATKINS SANTA BARBARA, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT, POLLUX GROUP	100.00	100.00	100.00
09/02/2020	DAVID ATKINS SANTA BARBARA, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT, POLLUX GROUP	50.00	150.00	150.00
<b>SUBTOTAL \$ 500.00</b>						

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER 1248632

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/10/2020	ELAINE AYALA CORPUS CHRISTI	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A/P SUPERVISOR, DCH	250.00	250.00	250.00
08/07/2020	MARCO AYALA LOS ANGELES, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NEW PHOTOGRAPHER, KVEA TELEMUNDO	100.00	100.00	100.00
07/23/2020	RHONDA AYALA SEATTLE, WA 98116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	150.00	150.00	150.00
07/27/2020	RUBEN AYLALA LAREDO, CA 78045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	100.00
08/12/2020	SAMMY AYALA CORPUS CHRISTI, TX 78414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUPPLY, US NAVY	250.00	250.00	250.00
<b>SUBTOTAL \$ 850.00</b>						

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>8</u> of <u>32</u> I.D. NUMBER 1248632
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER 1248632
--	------------------------

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/23/2020	SAMUEL AYALA LAREDO, TX 79045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	500.00	500.00
08/26/2020	DAVID BARLAVI VALENCIA, CA 91355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, LAW OFFICES OF DAVID BARLAVI	25.00	25.00	25.00
09/02/2020	DAVID BARLAVI VALENCIA, CA 91355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, LAW OFFICES OF DAVID BARLAVI	27.00	52.00	52.00
09/17/2020	DAVID BARLAVI VALENCIA, CA 91355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, LAW OFFICES OF DAVID BARLAVI	100.00	152.00	152.00
08/06/2020	OSIRIS, BARRAGAN SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER, FROLOCK	400.00	400.00	400.00
<b>SUBTOTAL \$ 1052.00</b>						

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>9</u> of <u>32</u>
NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	
I.D. NUMBER <b>1248632</b>	

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/11/2020	RON BECKER RENO, NV 89501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, ALAN LABS	500.00	500.00	500.00
09/17/2020	GENE BELMARES LAREDO, TX 78041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, LWS MEDIA, LLC	100.00	100.00	100.00
08/26/2020	KURT BENNETT PORTLAND, OR 97239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	100.00	100.00	100.00
08/03/2020	CARRIE BIGGS ADAMS SAN FRANCISCO, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT, NABET/CWA LOCAL #51	100.00	100.00	100.00
08/19/2020	CHERIE BROKAW SANTA FE SPRINGS, CA 90670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STAFF REP, CWA	100.00	100.00	100.00
<b>SUBTOTAL \$ 900.00</b>						

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>32</u>
NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	
I.D. NUMBER <b>1248832</b>	

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2020	SUSAN BURNETT GLENDALE, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	100.00	100.00	100.00
08/26/2020	SHARDELL CAVALIERE 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	NOT EMPLOYED	250.00	250.00	250.00
07/23/2020	SANDRA CAVAZOS LAREDO, TX 78045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	500.00	500.00	500.00
08/26/2020	IVAN CEJA CASTAIC, CA 91384	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TECHNICAL DIRECTOR, INIVISION/KMEX	100.00	100.00	100.00
09/08/2020	VICTOR CHERDSURIYA 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	BUSINES ANALYST, ANTHEM	25.00	25.00	25.00

**SUBTOTAL \$ 975.00**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1248632	

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2020	VICTOR CHERDSURIYA 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	BUSINES ANALYST, ANTHEM	100.00	125.00	125.00
07/27/2020	DAPHNE CHIN-JACKSON LONG BEACH, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	100.00
08/17/2020	DERIK DARBY BURBANK, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSIST EDITOR, NBC	200.00	200.00	200.00
08/17/2020	HUGH DAVIES LOS ANGELES, CA 90032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	100.00	100.00	100.00
09/02/2020	PAT DECKER SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250.00	250.00	250.00
<b>SUBTOTAL \$ 750.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/2020	PAT DECKER  SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250.00	500.00	500.00
08/03/2020	LINDA DEMYAN  MOORPARK, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATOR, CSUCI	100.00	100.00	100.00
08/03/2020	ERIC DIMAGGIO  COMPTON, CA 90222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TELEVISION OPERATOR, DIRECTV	100.00	100.00	100.00
08/26/2020	JAKE DONALDSON  OXNARD, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN, SANTA PAULA MEDICAL GROUP	100.00	100.00	100.00
09/08/2020	MICHAEL DORSEY  AGUA DULCE, CA 91390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER, NBC	100.00	100.00	100.00
<b>SUBTOTAL \$ 650.00</b>						

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       (other than PTY or SCC)  
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 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>13</u> of <u>32</u>
NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	
I.D. NUMBER <b>1248632</b>	

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/17/2020	SANDRA DUNCAN  LAREDO, TX 78045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER, UISD	100.00	100.00	100.00
08/24/2020	JULIA FEIG  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	NOT EMPLOYED	250.00	250.00	250.00
09/08/2020	RENEE FRASER  SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADJUNCT PROFESSOR, MOORPARK COLLEGE	100.00	100.00	100.00
08/31/2020	MARISA LATHAM FRENCH  SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPMENT CONSULTANT, SELF-EMPLOYED	150.00	150.00	150.00
07/26/2020	LAURA AND VICTOR GARALDO  OXNARD, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	100.00	100.00	100.00
<b>SUBTOTAL \$ 700.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>14</u> of <u>32</u>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/10/2020	JORGE GARCIA 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	RETIRED	300.00	300.00	300.00
09/16/2020	JORGE GARCIA 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	RETIRED	100.00	400.00	400.00
07/30/2020	SAL GARCIA AHWTHONE, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	100.00	100.00	100.00
07/22/2020	MARIE GARSIDE 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	RETIRED	60.00	60.00	60.00
08/25/2020	MARIE GARSIDE 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	RETIRED	25.00	85.00	85.00
<b>SUBTOTAL \$ 585.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	
I.D. NUMBER <b>1248632</b>	

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/26/2020	MARIE GARSIDE 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	RETIRED	15.00	100.00	100.00
09/10/2020	MARIE GARSIDE 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	RETIRED	25.00	125.00	125.00
08/07/2020	TIM GLASS BURBANK, CA 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	200.00	200.00	200.00
09/10/2020	OSWALD GONZALES SANTA CLARITA, CA 91387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BROKER, OG REALTY GROUP	200.00	200.00	200.00
08/12/2020	RODRIGO GONZALEZ-RUBIO SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATOR, LAUSD	50.00	50.00	50.00
<b>SUBTOTAL \$ 490.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>16</u> of <u>32</u>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/10/2020	RODRIGO GONZALEZ-RUBIO SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATOR, LAUSD	50.00	100.00	100.00
07/27/2020	JOHN GRIFFIN THOUSAND OAKS, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR, CSUCI	100.00	100.00	100.00
09/16/2020	KRISTINE HARN 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	ATTORNEY, PROGRESSIVE	100.00	100.00	100.00
09/03/2020	JALALA HAYAT PORTER RANCH, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GM, UNIFORM WAREHOUSE	1000.00	1000.00	1000.00
09/11/2020	REESE/FREDYCE HOLLAND SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000.00	1000.00	1000.00
<b>SUBTOTAL \$ 2250.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>17</u> of <u>32</u> I.D. NUMBER 1248632
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER 1248632
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/19/2020	BARBERA JAKUBANIS 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	RETIRED	50.00	50.00	50.00
09/10/2020	BARBERA JAKUBANIS 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	RETIRED	200.00	250.00	250.00
08/06/2020	DONNA JULIAN 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	RETIRED	100.00	100.00	100.00
09/10/2020	DONNA JULIAN 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	RETIRED	100.00	200.00	200.00
09/02/2020	KAMELA KATOR NORTHRIDGE, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, UNIFORM WAREHOUSE	1000.00	1000.00	1000.00
<b>SUBTOTAL \$ 1450.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	
I.D. NUMBER <b>1248632</b>	

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/2020	ZABI KATOR VAN NUYS, CA 91406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER	250.00	250.00	250.00
07/22/2020	ZAKIA KATOR 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	ATTORNEY, CITY OF LOS ANGELES	500.00	500.00	500.00
09/02/2020	ZAKIA KATOR 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	ATORNEY, CITY OF LOS ANGELES	499.00	999.00	999.00
09/02/2020	SHARIFULLAH KATOR 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, QUICK UNIFORM	250.00	250.00	250.00
08/19/2020	ARLEIGH KIDD 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	ORGANIZER, CTA	100.00	100.00	100.00
<b>SUBTOTAL \$ 1599.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>19</u> of <u>32</u>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/27/2020	MEL KONRAD CUMMING, IA 50061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROADCAST ENGINEER, KCCI TV	100.00	100.00	100.00
08/19/2020	CHUCK LENANE SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	300.00	300.00	300.00
08/10/2020	ROLAND LUNA CYPRESS, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AUDIO-VIDEO TECH, SELF-FREELANCE	500.00	500.00	500.00
08/19/2020	GIL MAESTAS CENTENTIAL, CO 80112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	100.00	100.00	100.00
08/06/2020	VICTOR MARIBOJAC CORCORAN, CA 93212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER, UNIVISION	100.00	100.00	100.00
<b>SUBTOTAL \$ 1100.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>20</u> of <u>32</u>
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NAME OF FILER JOE AYALA FOR MAYOR SIMI VALLEY 2020	I.D. NUMBER 1248632
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/30/2020	TYLER MCLEAN LOS ANGELES, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	100.00	100.00	100.00
08/03/2020	ENRIQUE MEJIA LAREDO, TX 78941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAND SURVERYOR, BLUE TOP COMPANY	100.00	100.00	100.00
08/06/2020	RUBEN MENDOZA PASADENA, TX 77504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAIL CARRIER, USPS	100.00	100.00	100.00
09/03/2020	MOHAMMAD MONJUUR QUAYUM 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	CIVIL ENGINEER, MQ DESIGN TECHNOLOGIES	300.00	300.00	300.00
09/03/2020	NASHAT MSHAIEL SIMI VALLEY, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	100.00	100.00	100.00
<b>SUBTOTAL \$ 700.00</b>						

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(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/04/2020	MUHAMMAD NASIR 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	MANAGEMENT, BANK OF AMERICA	100.00	100.00	100.00
08/03/2020	STEPHEN NEWMAN BURBANK, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	100.00	100.00	100.00
09/02/2020	IMRAN NIAZI SIMI VALLEY, CA 83065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR, SELF-EMPLOYED	999.00	999.00	999.00
08/19/2020	PETER O'BRIEN CHINO, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SERVICE REPRESENTATIVE, AT&T	100.00	100.00	100.00
08/03/2020	ELIZABETH OHRT SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLERICAL, AHSV	50.00	50.00	50.00
<b>SUBTOTAL \$ 1349.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/17/2020	ELIZABETH OHRT SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLERICAL, AHSV	50.00	100.00	100.00
09/11/2020	ELIZABETH OHRT SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLERICAL, AHSV	50.00	150.00	150.00
08/31/2020	LYN OWEN CANOGA PARK, CA 91304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250.00	250.00	250.00
08/03/2020	REBECCA PHILIPS EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	200.00	200.00	200.00
07/31/2020	RALPH PHILLIPS TARZANA, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, LEVY PHILLIPS APC	500.00	500.00	500.00
<b>SUBTOTAL \$ 1050.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER <b>1248632</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2020	DARIO PINA MISSION HILLS, CA 91345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROADCAST ENGINEER, FOX SPORTS	100.00	100.00	100.00
09/16/2020	PLANNED PAARENTHOOD SANTA BARBARA, CA 93101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
07/23/2020	JAVAD RADJABIAN ANAHEIM, CA 922807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000.00	1000.00	1000.00
08/05/2020	SHIMA RADJABIAN ANAHEIM, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN, KAISER	500.00	500.00	500.00
09/02/2020	FAROOT RAJPOOT 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	ADMIN, SECURE TASK	500.00	500.00	500.00
<b>SUBTOTAL \$ 2350.00</b>						

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SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER 1248632
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/2020	SAM RAMIERZ GOLETA, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMIN ANALYST, CITY OF SANTA BARBARA	100.00	100.00	100.00
08/06/2020	LAURA REYNOLDS SANTA ANA, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REQUESTED	250.00	250.00	250.00
07/31/2020	ENOC RIVERA BELL GARDENS, CA 90201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HVAC, FOX STUDIOS	200.00	200.00	200.00
08/12/2020	RENAY RODRIGUEZ CHATSWORTH, CA 91311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, SELF-EMPLOYED	100.00	100.00	100.00
08/05/2020	SARA SADAT LISLE, IL 60532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IT, DISCOVER	100.00	100.00	100.00
<b>SUBTOTAL \$ 750.00</b>						

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SCC – Small Contributor Committee



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>25</u> of <u>32</u>
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NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/10/2020	ERIC SEGGI ERIR, PA 16509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	100.00
08/19/2020	SEIU 721 LOS ANGELES, CA 90017 FPPC#1296889?	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	750.00
09/02/2020	ARWA SHURRAB SIMI VALLEY, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT, CENTURY 21	1000.00	1000.00	1000.00
08/10/2020	RYAN SKOLNICK CONCORD, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ORGANIZER, CALIFORNIA NURSE ASSOCIATION	300.00	300.00	300.00
08/06/2020	KATHERINE SMITH 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	BARISTA, STARBUCKS	200.00	200.00	200.00
<b>SUBTOTAL \$ 2350.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>26</u> of <u>32</u>
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NAME OF FILER <b>JOE AYALA FOR MAYOR SIMI VALLEY 2020</b>	I.D. NUMBER 1248632
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/08/2020	SARA STEFFENS  WASHINGTON, DC 20001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNION OFFICER, CWA	100.00	100.00	100.00
08/03/2020	WARREN STERN  LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	100.00	100.00	100.00
08/28/2020	SIMI VALLEY DEMOCRATIC CLUB  SIMI VALLEY, CA 93062 FPPC#1370241	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
08/03/2020	A.J. VALENZUELA  OXNARD, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LONGSHOREMAN, PACIFIC MARTIME ASSOCIATION	50.00	50.00	50.00
09/02/2020	A.J. VALENZUELA  OXNARD, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LONGSHOREMAN, PACIFIC MARTIME ASSOCIATION	50.00	100.00	100.00
<b>SUBTOTAL \$ 1300.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/22/2020	TAMMY WIRTZ 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	RETIRED	300.00	300.00	300.00
08/03/2020	TAMMY WIRTZ 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	RETIRED	200.00	500.00	500.00
08/10/2020	TAMMY WIRTZ 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	RETIRED	200.00	700.00	700.00
09/10/2020	TAMMY WIRTZ 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	RETIRED	300.00	1000.00	1000.00
08/12/2020	MICHAEL YOFFE AGOURA HILLS, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR, FREELANCE	100.00	100.00	100.00
<b>SUBTOTAL \$ 1100.00</b>						

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**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALEY 2020

I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER 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 PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE			
BRIAN JOSEPH HALE  LAREDO, TX 78041  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, H&J EQUIPMENT	0.00 \$ _____	2500.00 \$ _____	<input checked="" type="checkbox"/> PAID \$ 2500.00  <input type="checkbox"/> FORGIVEN \$ _____	\$ 0.00  DATE DUE _____	0.00 % RATE \$ _____	\$ 2500.00  07/23/2021 DATE INCURRED	CALENDAR YEAR \$ 2500.00  PER ELECTION** \$ 2500.00			
JOE AYALA  SIMI VALLEY, CA 93063  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNION LEADER, NABET CWA	0.00 \$ _____	600.00 \$ _____	<input type="checkbox"/> PAID \$ _____  <input type="checkbox"/> FORGIVEN \$ _____	\$ 600.00  DATE DUE _____	0.00 % RATE \$ _____	\$ 600.00  07/23/2021 DATE INCURRED	CALENDAR YEAR \$ 600.00  PER ELECTION** \$ _____			
   † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____  <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____  PER ELECTION** \$ _____			
<b>SUBTOTALS</b>							\$ 3100.00	\$ 2500.00	\$ 600.00	\$ 0.00	

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 3100.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 2500.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 600.00  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. 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
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BUILD-A-SIGN  AUSTIN, TX 78758	CMP		1067.14
CRE8TIVE SIGNS  BURBANK, CA 91505	CMP		1355.00
BRENDAN CARPIO  SIMI VALLEY, CA 93065	CMP		292.00

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

**SUBTOTAL \$ 2714.14**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	15,555.12
2. Unitemized payments made this period of under \$100.....	\$	354.81
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<b>15,909.93</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. 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
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BRENDAN CARPIO  SIMI VALLEY, CA 93065	CMP		127.98
POLITICAL DATA INC  NORWALK, CA 95652	CMP		2100.00
CRE8TIVE SIGNS  BURBANK, CA 91505	CMP		841.00
CITY OF SIMI VALLEY  SIMI VALLEY, CA 93063	FIL		1550.00
AMAZON	LIT		193.02

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

**SUBTOTAL \$ 4812.00**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>31</u> of <u>32</u>
	I.D. NUMBER 1248632

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. 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                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| 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  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (Internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMAZON	LIT		268.10
VENTURA COUNTY DEMOCRATIC CENTRAL COMMITTEE CMARILLO, CA 93011	MBR		120.20
ACTBLUE SOMERVILLE, MA 02144-0031	OFC		214.57
VANTIV SOMERVILLE, MA 02144-0031	OFC		302.11
ACORN NEWSPAPER AGOURA HILLS, CA 91301	PRT		1270.00

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

**SUBTOTAL \$ 2174.98**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>32</u> of <u>32</u>
	I.D. NUMBER 1248632

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE AYALA FOR MAYOR SIMI VALLEY 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. 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                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| 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  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ACORN NEWSPAPER AGOURA HILLS, CA 91301	PRT		1650.00
ACORN NEWSPAPER AGOURA HILLS, CA 91301	PRT		550.00
ACORN ONLINE AGOURA HILLS, CA 91301	WEB		3654.00

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

**SUBTOTAL \$ 5854.00**