

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF SIMI VALLEY

NAME OF FILER CAVANAUGH FOR 2020 CITY COUNCIL DISTRICT 1			Date of This Filing <u>10/21/20</u>	Date Stamp 2020 OCT 21 PM 2:22 OFFICE OF CITY CLERK <i>[Signature]</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (# applicable) 1428541		Report No. <u>106</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SIMI VALLEY	STATE CA	ZIP CODE 93063	No. of Pages _____		

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
10/21/20	Peppertree Ranch LLC Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000— <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/21/20	Calif. Real Estate Political Action Comm CREPAC # 890106 Los Angeles CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000— <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