

Recipient Committee Campaign Statement Cover Page

| | |
|---|--|
| Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 SEP 28 AM 11:59 OFFICE OF CITY CLERK <i>[Signature]</i> | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>5</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u> | Date of election if applicable: (Month, Day, Year) _____ |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

TO CORRECT BEGINNING BALANCE NOT MATCHING 12/31/2019
& ACCIDENTALLY MISSED A DONATION AND P.O. BOX RENTAL

3. Committee Information

I.D. NUMBER
1420996

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
TAXPAYERS AGAINST RECALLING RUTH LUEVANOS

STREET ADDRESS (NO P.O. BOX)

| | | | |
|--------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>SIMI VALLEY</u> | <u>CA</u> | <u>93063</u> | |

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

| | | | |
|--------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>SIMI VALLEY</u> | <u>CA</u> | <u>93062</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

DAWN GRAY

MAILING ADDRESS

| | | | |
|--------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>SIMI VALLEY</u> | <u>CA</u> | <u>93062</u> | |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

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 09/21/2020
Date

By *[Signature]*
Signature of Treasurer or Assistant Treasurer

Executed on 09/21/2020
Date

By *[Signature]*
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

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

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

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 |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

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

(DIDN'T QUALIFY - NO NAME)

| | | |
|--|----------------------------------|--|
| BALLOT NO. OR LETTER (DIDN'T QUALIFY - NO | JURISDICTION CITY SIMI VALLEY | <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE |
|--|----------------------------------|--|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

RUTH LUEVANOS

| | |
|---------------------------------------|---------------------|
| OFFICE SOUGHT OR HELD CITY COUNCIL | DISTRICT NO. IF ANY |
|---------------------------------------|---------------------|

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 |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| 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 |
|-----------------------------------|-----------------------|---|

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

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> | CALIFORNIA FORM 460 |
| through <u>06/30/2020</u> | |
| Page <u>3</u> of <u>5</u> | I.D. NUMBER <u>1420996</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS AGAINST RECALLING RUTH LUEVANOS

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>50.00</u> | \$ <u>50.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>0</u> | <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>50.00</u> | \$ <u>50.00</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>50.00</u> | \$ <u>50.00</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 | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

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>78.12</u> | \$ <u>78.12</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>78.12</u> | \$ <u>78.12</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>78.12</u> | \$ <u>78.12</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>1565.31</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>50.00</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>78.12</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>1537.19</u> |

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

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

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> |

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).

*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.

SCHEDULE A

Statement covers period
from 01/01/2020
through 06/30/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS AGAINST RECALLING RUTH LUEVANOS

I.D. NUMBER
1420996

| 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) |
|-------------------------|---|--|---|-----------------------------|--|---------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 0.00 | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 50.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 0.00

*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 E Payments Made

Amounts may be rounded
to whole dollars.

| | |
|--|--|
| Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u> | CALIFORNIA FORM 460 Page <u>5</u> of <u>5</u> I.D. NUMBER |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS AGAINST RECALLING RUTH LUEVANOS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|--|--|---|
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads | RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration 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 |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 0

Schedule E Summary

| | |
|---|------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ <u>0</u> |
| 2. Unitemized payments made this period of under \$100..... | \$ <u>75.05</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ <u>75.05</u> |