

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Phil Loos for Simi Valley City Council District 1 2020		Date of This Filing 10/16/2020	Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 OCT 16 AM 9:30 OFFICE OF CITY CLERK <i>By Jaida Shortley</i>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE PHONE NUMBER	I.D. NUMBER (if applicable) 1421831	Report No. 5		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (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 <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
10/16/20	Katherine Crisalli 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	Consultant Nonprofit Finance Fund	\$500  <input type="checkbox"/> Check if Loan 0 _____ % <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>
		<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: \_\_\_\_\_

\* 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

Oct 16, 2020 04:05 AM To: 18055262489 Page 1/1 From: Phil Loos for Simi Valley District 1 - 2020 Fax: