

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 10/28/2020	Date Stamp RECEIVED CITY OF SIMI VALLEY 2020 OCT 29 AM 8:33 OFFICE OF CITY CLERK BY <u>He</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1421831	Report No. 7		
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
10/28/20	Southern California District Council of Laborers ID#1358150	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400 <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