

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER CAVANAUGH FOR 2020 CITY COUNCIL DISTRICT 1		Date of This Filing 3/3/21	Date Stamp CITY OF SIMI VALLEY 2021 MAR -4 PM 12: 58 OFFICE OF CITY CLERK BY <i>[Signature]</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER)	I.D. NUMBER (if applicable) 1428541	Report No. _____		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SIMI VALLEY	STATE CA	ZIP CODE 93063	No. of Pages <u>1</u>	

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
10/20/2021	BRIAN TROOP 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	PRESIDENT/CEO CSMC MORTGAGE	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/21/2021	PETER KIESECKER NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINCIPAL PACIFIC KIES, INC.	250.00 <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

* 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

Reason for Amendment: Contributions over \$250 - within 30 days of Election