Recipient Committee				COVER PAGE
Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page			DECEMEN	FORM
Oover rage			RECEIVED	
	Statement covers period	Date of election if applicable:	CHY OF SIMI VA	
	from 1/1/2021	(Month, Day, Year)	0001 IIII 20 DM	For Official Use Only
			2021 JUL 30 PM	4: 11
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/2021</u>		OFFICE OF CITY (CLERK
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Waso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ✓ Semi-annual Statement ✓ Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report
	0. NUMBER 428632	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	12002	NAME OF TREASURER		
JOE AYALA FOR MAYOR SIMI VALLEY 2022		CHRIS WEDGE		
		MAILING ADDRESS		
CTDEET ADDRESS AND DO ROW	Commission of the Commission o			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	ROCKLIN NAME OF ASSISTANT TREASUR	CA CED IE ANY	95765
	A SARW BASE TO CHARLES		CER. II AINT	
SIMI VALLEY CA 9306. MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		JULIE WEDGE MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
SIMI VALLEY CA 9306	2	ROCKLIN	CA	95765
OPTIONAL FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification				
I have used all reasonable diligence in preparing and reviewing			d herein and in the attach	ned 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 7/27/2021	Ву	Signature of Treasurer or Assistan	t Ironeuror	
7/27/2021	_	Signature of Fredshier of Assistant	Diels	
Executed on Date	By Signature of Contr	rolling Officeholder, Candidate, State Measure H	oponer or Responsible Officer	of Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Present	Marinogrando originalment
Evecuted on	By			
Date		Signature of Controlling Officeholder Candidate	State Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART	2
CALIFORNIA 460	
Page of	

Officeholder or Candidate Controlled Com			0.	Primarily Formed Ballo NAME OF BALLOT MEASURE	JI MGasule		
JOE AYALA				NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
MAYOR SIMI VALLEY							☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET)	CITY SIMI VALLE	STATE ZIP CA 93063		Identify the controlling office			ponent, if any.
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	u or are primarily for			OFFICE SOUGHT OR HELD	INDIDATE, OR F	DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED	COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Offic) for which this	eholder Committee is committee is primarily forn	List names of led.
COMMITTEE ADDRESS STREET ADDRESS (NO P				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME		REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
	I.D NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D □ SUPPORT □ OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	☐ YES	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
	,	REA CODE/PHONE		Atte	ach continuati	on sheets if necessary	

Campaign Disclosure Statement Summary Page

JOE AYALA FOR MAYOR SIMI VALLEY 2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{1/1/2021}{}$	california 460
through <u>6/30/2021</u>	Page of
	I D NUMBER
	1435485

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COlumn B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{0}{0}{0}	s	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 0
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	\$\frac{9036.22}{0}\$ \$\frac{9036.22}{0}\$ \frac{0}{0}\$ \$\frac{9036.22}{9036.22}\$	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	0 0 9036.22 s 0 s 0	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.
19. Outstanding Debts	s <u>0</u>		FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A			ts may be rounded				SCHEDULE A			
	Contributions Received	to	whole dollars.	Statement cov from 1/1/2021	ers period		FORNIA 460			
SEE INSTRUCTION	NS ON REVERSE			through <u>6/30/202</u>	1	Page	of			
NAME OF FILER JOE AYALA F	FOR MAYOR SIMI VALLEY 2020					1.D NU 142863				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)			
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
			SUBTOTAL S	5 0						
(include all	Summary eived this period – itemized monetary contribution Schedule A subtotals.) eived this period – unitemized monetary contributi				IND COM OTH PTY	(other I – Other (' – Politica	ual ient Committee than PTY or SCC) (e.g., business entity)			
3. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$ <u>0</u>	F	PPC Advice: adv		C Form 460 (Jan/2016)) c.ca.gov (866/275-3772)			

www.fppc.ca.gov

Schedule A	(Continuation Sheet)	Amounts may	be rounded		SCHEDULE	SCHEDULE A (CONT.)		
Monetary C	Contributions Received	to whole o	dollars.	Statement co	CALII FO	460		
				through		1	of	
NAME OF FILER						I.D. NU	MBEK	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\)	YEAR	PER EL TO ((IF REC	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		IND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL \$

*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

	Δm	ounts may be ro	unded				SCHED	ULE B - PART
Schedule B – Part 1	to whole dollars. Sta			Statement cov	ers period	CALIFORNIA 460		
oans Received					from 1/1/2021		FORM	··· 400
SEE INSTRUCTIONS ON REVERSE					through <u>6/30/20</u>	21	Page	of
IAME OF FILER				L			I.D NUMBER	
OE AYALA FOR MAYOR SIMI VALLEY 20	20						1428632	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(8) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION TO DATE
				☐ PAIU				CALENDAR YEAR
				\$	s		s	s
				☐ FORGIVEN		RATE		PER FLECTION
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	\$	\$	DAIE DUE	s	DATE INCURRED	s
IND COM OIR PIT SCC				PAID	DAIL DOL		DATE WOOTHED	CALENDAR YEAR
				s	s		s	
				FORGIVEN		RATE	4	PER ELECTION
		\$	s	s	DAIE DUE	s	DATE INCURRED	s
□ IND □ COM □ OTH □ PTY □ SCC				☐ PAID	DATE DOE	 	DATE INCORRED	CALENDAR YEAR
				- FORGIVEN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RATE	3	PER ELECTION
OIND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	0 9	0	\$ 0	\$ 0		
Schedule B Summary		W-M-1				(Enter (e) on Sc	hedule E, Line 3)	
. Loans received this period				\$				
(Total Column (b) plus unitemized loan Loans paid or forgiven this period			••••	\$ <u>0</u>		. (†Contributor Codes	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)						COM - Recipient C	ommittee PTY or SCC)

(May be a negative number)

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

	SCHEDULE D - FART 2
Statement covers period from $\frac{1/1/2021}{}$	CALIFORNIA 460
through 6/30/2021	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				through	Page	of
NAME OF FILER					I.D. NUMBER	!
JOE AYALA FOR MAYOR SIMI VALLEY 2020					1428632	
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □scc		DATE		PER ELECTION (IF REQUIRED)	
					\$	
	□IND □COM		LENDER		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	Lisco				1	
	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DAIL		PER ELECTION (IF REQUIRED)	
	Lisco				\$	
	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY □SCC		DAIE		PER ELECTION (IF REQUIRED)	
					\$	
			SUB.	TOTAL \$ 0	Enter on Summary Page, Line 1/ only.	

Schedule	C		to whole dollars.						SCHEDULE (С
Nonmone	tary Contributions Received		to whole dollars.			Statement covers p	period	CALIF	DRNIA 160	
					fron	n <u>1/1/2021</u>		FOI	RM TOO	I
EE INSTRUCTIO	NS ON REVERSE				thro	ough <u>6/30/2021</u>		Page	of	
AME OF FILER								I.D. NUME	BER	
OE AYALA F	OR MAYOR SIMI VALLEY 2020							1428632	2	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	re R year	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach additio	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	0				
Schedule C	Summary						*Con	tributor Co	des	==
. Amount rec (Include all	beived this period – itemized nonmonetar Schedule C subtotals.)	y contribution	s.		\$ _)	IND -	Individual – I – Recipier other th	nt Committee an PTY or SCC)	
	eived this period – unitemized nonmone		ions of less than \$100	••••••	\$ <u>-</u>)	PTY	- Political	.g., business entity) Party ontributor Committee	
. lotal nonmo (Add Lines	onetary contributions received this period 1 and 2. Enter here and on the Summar	ם. y Page, Colur	mn A, Lines 4 and 10.)	ТОТА	L \$ _)				

Supporti	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dollars		Statement cover		CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE			through <u>6/30/2021</u>		Page	of	
JOE AYALA	FOR MAYOR SIMI VALLEY 2020					1.D. NUMB 1428632		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Dppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
***************************************		Monetary Contribution						
		Nonmonetary Contribution						
	Support Oppose	Independent Expenditure						
			SUBTOTA	L \$ 0				
Schedule	D Summary							
1. Itemized o	contributions and independent expenditures made	e this period. (Include a	ill Schedule D subtota	ls.)		\$ <u>0</u>		
2. Unitemize	ed contributions and independent expenditures ma	ade this period of unde	r \$100	••••		\$ <u>0</u>		
3. Total cont	ributions and independent expenditures made thi	s period. (Add Lines 1	and 2. Do not enter o	n the Summary Page	e.) T (OTAL \$ _0		

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. CALIFORNIA 460 **Summary of Expenditures** Statement covers period **Supporting/Opposing Other FORM** from . **Candidates, Measures and Committees** through Page _ of _ NAME OF FILER I.D. NUMBER CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION DESCRIPTION **AMOUNT THIS** CALENDAR YEAR TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION. TYPE OF PAYMENT **PERIOD** (IF REQUIRED) OR COMMITTEE (IF REQUIRED) (JAN. 1 - DEC. 31) ■ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure Monetary Contribution □ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure

SUBTOTAL \$

Schedule E Payments Made	Amounts may l to whole d	Statement from 1/1/202	covers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				through <u>6/30/</u>	2021	Page _	of
NAME OF FILER JOE AYALA FOR MAYOR SIMI VALLEY 2020						142863	
CODES: If one of the following codes accurately de CMP campaign paraphemalia/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 campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s	nmunications d appearances ses slating s survey researc ivery and mes	s h senger services	RAD radio airtir RFD returned c SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regis	me and production of contributions workers' salaries de airtime and produ- travel, lodging, and se travel, lodging, a etween committees	uction costs i meals ind meals of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	DR	DESCRIPTION OF PAYM	ENT		AMOUNT PAID
JOE AYALA FOR MAYOR SIMI VALLEY 2022 ID # 1435485		TSF	TRANSFER O	F FUNDS FROM TO	2022 COMMIT	TEE	9036.22
* Payments that are contributions or independent expenditures must	t also be summarized on Sche	edule D.			SUE	BTOTAL S	9036.22
Schedule E Summary							
1. Itemized payments made this period. (Include all Sc	•					\$	036.22
2. Unitemized payments made this period of under \$10						۸	
3. Total interest paid this period on loans. (Enter amou	int from Schedule B. Pai	rt 1. Columi	າ (e).)			\$ _	<u></u>

SCHEDULE	E (CONT.)
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Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded

Statement covers period	CALIFORNIA 460
through	Page of
	I.D. NUMBER

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period from	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			I.D. NUMBER
CODES: If one of the following codes accura	tely describes the payment, you may enter the coo	le. Otherwise, describe the paymen	t.
CMP campaign paraphemalia/misc.	MBR member communications	RAD radio airtime and production	on costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	s
CVC civic donations	PET petition circulating	TEL tiv or cable airtime and pro	oduction costs

TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings

PRT print ads 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 \$

chedule F crued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars. Statement cove					california 460 form		
			through 6/30/202	21	Page of		
SEE INSTRUCTIONS ON REVERSE					10 11111000	_	
NAME OF FILER					I.D NUMBER		
JOE AYALA FOR MAYOR SIMI VALLEY 2020					1428632		
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CMS campaign consultants 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 communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime at RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production co butions kers' salaries time and produc el, lodging, and r avel, lodging, an en committees o on	ction costs meals d meals of the same candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PER (ALSO REPORT	IOD BALANCE AT CLOSE	E	
·						anti-	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$ 0	\$ 0	\$ 0	\$ 0		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized particles.) 3. Net change this period. (Subtract Line 2 from Line 1. Entron the Summary Page, Column A, Line 9.)	accrued expenses under sedule F, Column (c) subtoto payments on accrued expert the difference here and	\$100.)als for payments on enses under \$100.).		PAID TOTA	ALS \$	=	
on the Summary Fage, Column A, Line 3./		*************************************			May be a negative number FPPC Form 460 (Jan/2016	5))	

SCHEDULE F (CONT.) Schedule F Amounts may be rounded to whole dollars. **CALIFORNIA** Statement covers period (Continuation Sheet) **FORM Accrued Expenses (Unpaid Bills)** from_ through. NAME OF FILER I.D. NUMBER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants returned contributions MTG meetings and appearances RFD OFC office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) LIT * Payments that are contributions or independent expenditures must also be summarized on Schedule D. (a) (d) (b) (c)

	SUBTOTALS	\$	\$	\$	\$
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G
CALIFORNIA 460
Page of
I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the	following codes acc	urately describes the	payment, yo	ou may enter the code.	Otherwise, describe the	payment.
----------------------	---------------------	-----------------------	-------------	------------------------	-------------------------	----------

	•						•		•	
CMP	campaign paraphemalia/misc.	MBR	me	mber	com	munica	ations	R	AD	radio airtime and production costs
CNS	campaign consultants	MTG	me	etings	and	i appea	arances	R	RFD.	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	offi	ce exp	pens	es		S	AL	campaign workers' salaries
CVC	civic donations	PET	pet	ition c	ircul	lating		Т	EL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	pho	one ba	anks			T	RC	candidate travel, lodging, and meals
FND	fundraising events	POL	pol	ling ar	nd si	urvey r	esearch	T	RS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	po:	stage,	defi	very an	id messenger sen	vices T	SF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	pro	fessio	nal:	service	s (legal, accountii	ng) V	TO	voter registration
LIT	campaign literature and mailings	PRT	рлі	nt ads				v	VΕΒ	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		<u> </u>		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE F
schedule H		Amounts may be rounded to whole dollars.			Statement covers period		CALIFORNIA 460	
oans Made to Others*	made to Others*			FORM				
EE INSTRUCTIONS ON REVERSE					through6/30/20	21	Page	. of
AME OF FILER	**************************************						I.D. NUMBER	
DE AYALA FOR MAYOR SIMI VALLEY 20	020						1428632	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) D OUTSTANDING	(e)	(f) ORIGINAL	(g) CUMULATIVE
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT O FORGIVENES THIS PERIOD	BALANCE AT	INTEREST RECEIVED	AMOUNT OF LOAN	LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				s	\$		s	s
				- FORGIVEN		RATE		PER ELECTION**
		S	s	s		s		s
					DAIEDUE		DATE INCURRED	ļ
				☐ PAID				CALENDAR YEAR
				s	\$		s	s
				- FORGIVEN		RATE		PER ELECTION**
		s	s	s		s	DATE INCURRED	s
		<u> </u>			DATE DUE		DATE INCORRED	<u> </u>
Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive eported on Schedule E.		SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
				<u> </u>		(Enter (e) on Schedule I, Line 3)		
schedule H Summary						Company (, calle 3)	Į	
Loans made this period					\$			
(Total Column (b) plus unitemized loan . Payments received on loans	s of less than \$100.)				0			**If Required
(Total Column (c) plus unitemized payr		•••••••••	*******	••••••			•	

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I		Amounto may be rounded		SCHEDUL	
Miscellaneous Increases to Cash	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA AGO	
			from 1/1/2021	FORM TO	
			through <u>6/30/2021</u>	Page of	
SEE INSTRUCTIONS ON REV NAME OF FILER	ERSE	707 (10.00 (MITO) MITO) (10.00 - 70 (MITO) (10.00 (MITO) MITO) (10.00 (MITO) MITO)		I.D. NUMBER	
JOE AYALA FOR MAY	1428632				
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURG		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Attach additional infor	mation on appropriately labeled continuation she	eets.	SUBTOTA	L\$ 0	
Schedule Summa	ary				
1. Itemized increases to	o cash this period		\$ <u>0</u>	_	
	s to cash of under \$100 this period			-	
3. Total of all interest re	ceived this period on loans made to others	s. (Schedule H, Column (e).)	\$_0	MANAGE .	

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the