

**Recipient Committee  
Campaign Statement  
Cover Page**

|   |                                |
|---|--------------------------------|
| Date Stamp<br>2016 SEP 29 AM 9:28<br>OFFICE OF CITY CLERK<br>BY Jnda Shortell | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>1</u> of <u>13</u>  |                                |
| For Official Use Only   |                                |

|  |  |
|--|--|
| Statement covers period<br>from <u>7/01/2016</u><br>through <u>9/24/2016</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/08/2016</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

|   |       |             |
|---|-------|-------------|
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)      |       | I.D. NUMBER |
| Dee Dee Cavanaugh for Simi Valley City Council 2016       |       | 1387134     |
| STREET ADDRESS (NO P.O. BOX)                              |       |             |
| CITY  | STATE | ZIP CODE    |
| Simi Valley   | CA    | 93063       |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX |       |             |
| CITY  | STATE | ZIP CODE    |
| Simi Valley   | CA    | 93062       |
| OPTIONAL: FAX / E-MAIL ADDRESS                            |       |             |

**Treasurer(s)**

|                                     |       |          |                 |
|-------------------------------------|-------|----------|-----------------|
| NAME OF TREASURER                   |       |          |                 |
| Lori Ann Dario                      |       |          |                 |
| MAILING ADDRESS                     |       |          |                 |
| CITY                                | STATE | ZIP CODE | AREA CODE/PHONE |
| Simi Valley                         | CA    | 93063    |                 |
| 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 <u>9/28/16</u><br>Date | By <u>Lori Ann Dario</u><br>Signature of Treasurer or Assistant Treasurer  |
| Executed on <u>9/28/16</u><br>Date | By <u>Dee Dee Cavanaugh</u><br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date          | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent  |
| Executed on _____<br>Date          | By _____<br>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

Dee Dee Cavanaugh

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

Simi Valley City Council

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

Simi Valley CA 93062

**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?

YES  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?

YES  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

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD 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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

**Attach continuation sheets if necessary**

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |           |                                |
|-------------------------|-----------|--------------------------------|
| Statement covers period |           | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/01/2016 |                                |
| through                 |           | Page <u>3</u> of <u>13</u>     |
|                         |           | I.D. NUMBER<br>1387134         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dee Dee Cavanaugh for Simi Valley City Council

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ 5815.00   | \$ 5815.00                                 |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | 2000.00  | 2000.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ 7815.00   | \$ 7815.00                                 |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | 0  | 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ 7815.00   | \$ 7815.00                                 |

**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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ 2371.56   | \$ 2371.56                                 |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | 0  | 0  |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ 2371.56   | \$ 2371.56                                 |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | 0  | 0  |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | 0  | 0  |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ 2371.56   | \$ 2371.56                                 |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |            |
|---|------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ 0.00    |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | 7815.00    |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | 0          |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | 2371.56    |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 5443.44 |

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.

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

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

**Cash Equivalents and Outstanding Debts**

|   |            |
|---|------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ 0       |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ 2000.00 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |           |                                |
|-------------------------|-----------|--------------------------------|
| Statement covers period |           | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/01/2016 |                                |
| through                 | 9/24/2016 | Page <u>4</u> of <u>13</u>     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dee Dee Cavanaugh for Simi Valley City Council

I.D. NUMBER

1387134

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/25/16       | Chad Charton<br>Simi Valley CA 93065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Insurance and Financial Advisor<br>FMS Financial Prtnr Inc.                                | 100.00                      | 100.00  | 100.00                             |
| 8/24/16       | Jackie Lindsley<br>Simi Valley CA 93065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Surical Assistant<br>Westlake Oral and Plastic Surgery                                     | 100.00                      | 100.00  | 100.00                             |
| 8/25/16       | Bill Daniels<br>Simi Valley CA 93065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Police Officer<br>Simi Valley Police Dept.   | 100.00                      | 100.00  | 100.00                             |
| 8/25/16       | Kathy Boscarino<br>Simi Valley CA 93065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Librarian<br>Grace Brethren Schools  | 200.00                      | 200.00  | 200.00                             |
| 8/25/16       | John Baxter<br>Simi Valley CA 93065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>Simi Valley Unified School District   | 100.00                      | 100.00  | 100.00                             |

**SUBTOTAL \$ 600.00**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 5350.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 465.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$ 5815.00**

\*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 A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |         |                                |
|-------------------------|---------|--------------------------------|
| Statement covers period |         | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 7/1/16  |                                |
| through                 | 9/24/16 | Page <u>5</u> of <u>13</u>     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dee Dee Cavanaugh for Simi Valley City Council 2016

I.D. NUMBER

1387134

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/25/16       | Ron Moldavon<br>Simi Valley CA 93065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC                           | Self-employed<br>Dr. Ron Moldavon<br>Chiropractic  | 100.00                      | 100.00  | 100.00                             |
| 8/25/16       | Stephen Pietrolungo<br>Simi Valley CA 93065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC                           | Principal<br>Simi Valley Unified<br>School District  | 100.00                      | 100.00  | 100.00                             |
| 8/25/16       | James Vigdor<br>Oak Park CA 91377  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC                           | Operations Manager<br>Alcoa  | 100.00                      | 100.00  | 100.00                             |
| 8/25/16       | Chelsea Watson<br>Simi Valley CA 93065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC                           | Financial Advisor<br>Morton Capital<br>Management LLC                                      | 100.00                      | 100.00  | 100.00                             |
| 8/25/16       | Swink Enterprises Inc.<br>Simi Valley CA 93063   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM <del>102</del><br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200.00                      | 200.00  | 200.00                             |

**SUBTOTAL \$** 600.00

**Schedule A Summary**

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

\*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 A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>7/1/16</u><br>through <u>9/24/16</u>     |  | <b>CALIFORNIA<br/>FORM 460</b> |
|   |  |                                |
| NAME OF FILER<br><b>Dee Dee Cavanaugh for Simi Valley City Council 2016</b> |  | I.D. NUMBER<br><b>1387134</b>  |

SEE INSTRUCTIONS ON REVERSE

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/25/16       | Whitney's Auto & RV Care Center<br>Simi Valley CA 93065                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200.00                      | 200.00  | 200.00                             |
| 8/25/16       | Raul Gomez<br>Simi Valley CA 93065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mortgage Broker<br>Movement Mortgage   | 100.00                      | 100.00  | 100.00                             |
| 8/25/16       | Eric S. Little<br>Simi Valley CA 93065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Insurance Agent<br>State Farm Insurance  | 200.00                      | 200.00  | 200.00                             |
| 9/1/16        | Continental Recovery Services<br>Simi Valley CA 93065  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200.00                      | 200.00  | 200.00                             |
| 9/1/16        | Jonathan Kurohara, MD<br>Simi Valley CA 93065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Medical Doctor<br>Alamo Medical Group  | 100.00                      | 100.00  | 100.00                             |

**SUBTOTAL \$ 800.00**

**Schedule A Summary**

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

\*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 A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |         |                            |
|-------------------------|---------|----------------------------|
| Statement covers period |         | <b>CALIFORNIA FORM 460</b> |
| from                    | 7/1/16  |                            |
| through                 | 9/24/16 | Page <u>7</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Dee Dee Cavanaugh for Simi Valley City Council 2016

I.D. NUMBER  
1387134

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/1/16        | Karen Lindsey<br>Moorpark CA 93021  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor<br>C21 Troop Real Estate  | 150.00                      | 150.00   | 150.00                                |
| 9/13/16       | Bass Shaver Michaelson<br>Simi Valley CA 93065  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   | 250.00                                |
| 9/10/16       | Hoffer Auctions<br>Simi Valley CA 93065   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   | 250.00                                |
| 9/10/16       | Betty Jean Anderson<br>Simi Valley CA 93063   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chief Financial Officer<br>Security Photo Systems   | 100.00                      | 100.00   | 100.00                                |
| 9/18/16       | Simi Valley Police Officers Association<br>Novato CA 94949                                      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1000.00                     | 1000.00  | 1000.00                               |

**SUBTOTAL \$** 1750.00

**Schedule A Summary**

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

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |           |                            |
|--|-----------|----------------------------|
| Statement covers period                        |           | <b>CALIFORNIA FORM 460</b> |
| from   | 7/01/2016 |                            |
| through  | 9/24/2016 | Page <u>8</u> of <u>13</u> |
| NAME OF FILER                                  |           | I.D. NUMBER                |
| Dee Dee Cavanaugh for Simi Valley City Council |           | 1387134                    |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/25/16            | Darryl Nind<br>Simi Valley CA 93063   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Insurance Agent<br>State Farm Insurance   | 100.00                      | 100.00   | 100.00                                |
| 8/25/16            | Franchesca Wheeling<br>Simi Valley CA 93065   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>Los Angeles Police Dept.   | 200.00                      | 200.00   | 200.00                                |
| 8/30/16            | Ali Yusafaly<br>Simi Valley CA 93063  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self-employed<br>Simi Valley Car Wash   | 500.00                      | 500.00   | 500.00                                |
| 8/11/16            | Rebecca McGuigan<br>Simi Valley CA 93065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Cosmotologist<br>Luxe Salon   | 500.00                      | 500.00   | 500.00                                |
| 7/19/16            | Jarroed DeGonia<br>Simi Valley CA 93063   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Field Deputy<br>Los Angeles County<br>Board of Supervisors                                    | 100.00                      | 100.00   | 100.00                                |
| <b>SUBTOTAL \$</b> |   |   |   | <u>1400.00</u>              |  |                                       |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>7/01/2016</u><br>through <u>9/24/2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>9</u> of <u>13</u> |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Dee Dee Cavanaugh for Simi Valley City Council</b> | I.D. NUMBER<br><b>1387134</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/25/16            | Sue Martinez<br>Simi Valley CA 93063  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Nurse<br>Simi Valley Hospital<br>Home Health Care   | 100.00                      | 100.00   | 100.00                                |
| 8/25/16            | Dave McCormick<br>Simi Valley CA 93065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   | 100.00                                |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <u>200.00</u>               |  |                                       |

\*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 B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

|                         |           |                             |
|-------------------------|-----------|-----------------------------|
| Statement covers period |           | <b>CALIFORNIA FORM 460</b>  |
| from                    | 7/01/2016 |                             |
| through                 | 9/24/2016 | Page <u>10</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dee Dee Cavanaugh for Simi Valley City Council

I.D. NUMBER

1387134

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN        | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                   |   |
|--|---|--|------------------------------------|--|--|----------------------------------|---------------------------------------|---|---|
| Dee Dee Cavanaugh<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP/Operations Administrator<br>Pacific Western Bank   | \$ 0.00  | \$ 2000.00                         | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 2000.00<br><br>DATE DUE _____                   | _____%<br>RATE<br>\$ _____       | \$ 2000.00<br><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ 2000.00<br>PER ELECTION**<br>\$ _____ |   |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                                     |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____   | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____   |   |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                                     |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____   | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____   |   |
| <b>SUBTOTALS</b>   |   | \$   | 2000.00                            | \$   | 0  | \$                               | 2000.00                               | \$  | 0 |

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period .....\$ 2000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period .....\$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) .....NET \$ 2000.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |           |                                |
|--|-----------|--------------------------------|
| Statement covers period                        |           | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 7/01/2016 |                                |
| through  | 9/24/2016 | Page <u>11</u> of <u>13</u>    |
| NAME OF FILER                                  |           | I.D. NUMBER                    |
| Dee Dee Cavanaugh for Simi Valley City Council |           | 1387134                        |

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET 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                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| GoDaddy Operating Company LLC<br>Scottsdale, AZ 85260               | WEB     |                        | 168.10      |
| Gray Gear Graphics<br>Simi Valley CA 93065                          | WEB     |                        | 500.00      |
| United States Postal Service<br>Thousand Oaks CA 91362              | POS     |                        | 56.40       |

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

**SUBTOTAL \$ 724.50**

**Schedule E Summary**

|   |                 |                |
|---|-----------------|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 2371.56        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 0              |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$              | 0              |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL \$</b> | <b>2371.56</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |           |                             |
|--|-----------|-----------------------------|
| Statement covers period                        |           | <b>CALIFORNIA FORM 460</b>  |
| from   | 7/01/2016 |                             |
| through  | 9/24/2016 | Page <u>12</u> of <u>13</u> |
| NAME OF FILER                                  |           | I.D. NUMBER                 |
| Dee Dee Cavanaugh for Simi Valley City Council |           | 1387134                     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dee Dee Cavanaugh for Simi Valley City Council

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

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET 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                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|-------------------------|-------------|
| Aaron, Thomas & Associates<br>Chatsworth CA 91311                   | CMP     |                         | 1176.05     |
| StampCo<br>Ventura, CA 93001  | CMP     |                         | 268.75      |
| Staples<br>Simi Valley CA 93065                                     | FND     |                         | 117.11      |
| Union Bank<br>Simi Valley CA 93063                                  |         | Monthly service charge  | 24.00       |
| PayPal<br>San Jose CA 95131   |         | Online transaction fees | 41.15       |

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

**SUBTOTAL \$ 1627.06**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |           |                             |
|--|-----------|-----------------------------|
| Statement covers period                        |           | <b>CALIFORNIA FORM 460</b>  |
| from   | 7/01/2016 |                             |
| through  | 9/24/2016 | Page <u>13</u> of <u>13</u> |
| NAME OF FILER                                  |           | I.D. NUMBER                 |
| Dee Dee Cavanaugh for Simi Valley City Council |           | 1387134                     |

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET 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                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT                       | AMOUNT PAID |
|---|---------|--|-------------|
| Simi Valley Chamber of Commerce<br>Simi Valley CA 93065             |         | 2016 Chamber of Commerce Candidate Forum fee | 20.00       |
|   |         |  |             |
|   |         |  |             |
|   |         |  |             |
|   |         |  |             |

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

**SUBTOTAL \$ 20.00**