

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER CAVANAUGH FOR 2020 CITY COUNCIL DISTRICT 1			Date of This Filing <u>9-23-20</u>	Date Stamp SIMI VALLEY 2020 SEP 23 PM 3:19 CITY CLERK BY <u>He</u>	<b>CALIFORNIA FORM 497</b> 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. <u>103</u> (explain below) No. of Pages <u>1</u>		
CITY SIMI VALLEY	STATE CA	ZIP CODE 93063			

## 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
<u>9/5/20</u>	<u>Simi Valley Police Officers Assoc. PAC</u> <u>Novato, CA 94949</u> <u>Corrected ID#1322961</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1000</u> — <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>
		<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: Corrected ID# for contributor

\* 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