**Recipient Committee**  
**Campaign Statement**  
**Cover Page**

**Statement covers period**  
from 1/1/18  
through 6/30/18

**Date of election if applicable:**  
11/06/18

---

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
- **Officeholder, Candidate Controlled Committee**
- **State Candidate Election Committee**
- **Recall**
  
- **General Purpose Committee**
  - **Sponsored**
  - **Small Contributor Committee**
  - **Political Party/Central Committee**

- **Primarily Formed Ballot Measure Committee**
- **Controlled**
- **Sponsored**
  
- **Primarily Formed Candidate/Officeholder Committee**
  
**2. Type of Statement:**
- **Preelection Statement**
- **Semi-annual Statement**
- **Termination Statement**
  
**2D (Also file a Form 410 Termination)**
- **Amendment (Explain below)**

**Treasurer(s)**

**NAME OF TREASURER**
Linda Daniels

**MAILING ADDRESS**
Simi Valley, Ca. 93065

**NAME OF ASSISTANT TREASURER, IF ANY**

**MAILING ADDRESS**

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**
Bill Daniels for City Council 2018

**I.D. NUMBER**
1405039

---

**3. Committee Information**

**STREET ADDRESS (NO P.O. BOX)**
Simi Valley

**STATE ZIP CODE AREA CODE/PHONE**
Ca 93065

**MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX**

**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**
- 7/30/18
- 7/30/18
- 7/30/18
- 7/30/18

**Signature of Treasurer or Assistant Treasurer**

**Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor**

**Signature of Controlling Officeholder, Candidate, State Measure Proponent**

**Signature of Controlling Officeholder, Candidate, State Measure Proponent**

---

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>William Robert Daniels</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Simi Valley City Council / Simi Valley USD School Board Trustee</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>Simi Valley, Ca. 93065</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Contributions Received

1. Monetary Contributions ................................................... Schedule A, Line 3 $ 3,300.00 $ 3,300.00
2. Loans Received................................................................ Schedule B, Line 3 $ 2,000.00 $ 2,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .............................. Add Lines 1 + 2 $ 5,300.00 $ 5,300.00
4. Nonmonetary Contributions............................................ Schedule C, Line 3 $ 153.00 $ 153.00
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $ 5,453.00 $ 5,453.00

Expenditures Made

6. Payments Made................................................................ Schedule E, Line 4 $ 732.00 $ 732.00
7. Loans Made...................................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS........................ Add Lines 6 + 7 $ 732.00 $ 732.00
9. Accrued Expenses (Unpaid Bills).................................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment .............................................. Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE........................ Add Lines 8 + 9 + 10 $ 732.00 $ 732.00

Current Cash Statement

12. Beginning Cash Balance ........................................... Previous Summary Page, Line 16 $ 0.00 $ 0.00
13. Cash Receipts .......................................................... Column A, Line 3 above $ 5,300.00 $ 5,300.00
14. Miscellaneous Increases to Cash ............................... Schedule I, Line 4 $ 0.00 $ 0.00
15. Cash Payments .......................................................... Column A, Line B above $ 732.00 $ 732.00
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 $ 4,568.00 $ 4,568.00

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).

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

17. LOAN GUARANTEES RECEIVED.......................... Schedule B, Part 2 $ 0.00 $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ....................................................... See instructions on reverse $ 0.00 $ 0.00
19. Outstanding Debts ...................................................... Add Line 2 + Line 9 in Column A above $ 2,000.00 $ 2,000.00

Expenditure Limit Summary for State Candidates

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$ n/a</td>
</tr>
<tr>
<td>/ / /</td>
<td>$ n/a</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule A
### Monetary Contributions Received

Amounts may be rounded to whole dollars.

**Statement covers period**  
*from* 1/1/18  
*through* 6/30/18

### Name of Filer
Bill Daniels for City Council 2018

### Full Name, Street Address and Zip Code of Contributor

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (if Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/27/18</td>
<td>Ventura County Professional</td>
<td>OTH</td>
<td></td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>1,000.00</td>
</tr>
<tr>
<td></td>
<td>Ventura, Ca. 93006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/27/18</td>
<td>Simi Valley Police Association</td>
<td>OTH</td>
<td></td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>1,000.00</td>
</tr>
<tr>
<td></td>
<td>Novato, Ca. 94949</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/31/18</td>
<td>Peace Officers Research Association</td>
<td>OTH</td>
<td></td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>1,000.00</td>
</tr>
<tr>
<td></td>
<td>Sacramento, Ca. 95834</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/05/18</td>
<td>Dave's Towing Service</td>
<td>OTH</td>
<td></td>
<td>200.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td></td>
<td>Simi Valley, Ca. 93065</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/12/18</td>
<td>Suzanne Kitchens</td>
<td>IND</td>
<td>School Board Member Pleasant Valley School Dist 600 Temple Avenue Camarillo, CA. 93010</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>Camarillo, Ca. 93012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – Itemized monetary contributions.  
   (Include all Schedule A subtotals.)  
   ............................................................... $ 3,300.00

2. Amount received this period – Unitemized monetary contributions of less than $100  
   ............................................................... $ 0.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)  
   ............................................................... TOTAL $ 3,300.00

---

**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

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
## Schedule B – Part 1
### Loans Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>from</th>
<th>through</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/1/18</td>
<td>6/30/18</td>
</tr>
</tbody>
</table>

**CALIFORNIA FORM 460**

**I.D. NUMBER**

1405039

### FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER

- **NAME OF LENDER**
  - Bill Daniels
  - Simi Valley, Ca. 93065

### IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

- Police Officer/City of Simi Valley

### OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

- **AMOUNT PAID OR FORGIVEN THIS PERIOD**
  - $0.00

### INTEREST PAID THIS PERIOD

- **INTEREST RATE**
  - n/a

### ORIGINAL AMOUNT OF LOAN

- **DATE DUE**
  - 04/24/18

### CUMULATIVE CONTRIBUTIONS TO DATE

- **DATE INCURRED**
  - 04/24/18

### Schedule B Summary

<table>
<thead>
<tr>
<th>Loans received this period</th>
<th>$2,000.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Loans paid or forgiven this period</th>
<th>$0.00</th>
</tr>
</thead>
</table>

**NET**

| (May be a negative number) | $2,000.00 |

---

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

**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

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule C
### Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

### NAME OF FILER
Bill Daniels for City Council 2018

### Statement covers period
from 1/1/18 through 6/30/18

### Page 6 of 7

### I.D. NUMBER
1405039

### SEE INSTRUCTIONS ON REVERSE

### FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>CONTRIBUTOR CODE *</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/16/18</td>
<td>IND</td>
<td>Magnets</td>
<td>153.00</td>
<td>153.00</td>
<td>153.00</td>
</tr>
</tbody>
</table>

### Attach additional information on appropriately labeled continuation sheets.

### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (include all Schedule C subtotals.) .......................................................... $ 153.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 $ 0.00

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ......................... TOTAL $ 153.00

*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

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

**Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from 4/1/18 through 6/30/18

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1405039</th>
</tr>
</thead>
</table>

**NAME OF FILER**

Bill Daniels for City Council 2018

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

- **CMP** campaign paraphernalia/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
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers’ salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

**NAME AND ADDRESS OF PAYEE**

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>Simi Valley Chamber of Commerce Simi Valley, Ca. 93065</td>
<td>400.00</td>
</tr>
<tr>
<td>CMP</td>
<td>City Printing Simi Valley, Ca. 93065</td>
<td>204.00</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ......................................................... $604.00
2. Unitemized payments made this period of under $100 .......................................................... $128.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ............... $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ......................................................... TOTAL $732.00