Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from ___________ through ___________

Date of election if applicable: (Month, Day, Year) __________________________

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 5)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termine Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report

3. Committee Information

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

   I.D. NUMBER
   1405039

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

   CITY
   STATE
   ZIP CODE
   93065

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

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

   NAME OF TREASURER
   Linda Daniels

   MAILING ADDRESS
   Simi Valley

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

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FFPC 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>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
</tbody>
</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 JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |
| 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.

<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>
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</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>Add Lines 1 + 2</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>Add Lines 3 + 4</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$889.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>Add Lines 6 + 7</td>
<td>$889.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$889.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$4,749.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$889.00</td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$4,860.00</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td></td>
<td>$n/a</td>
</tr>
</tbody>
</table>

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

### Campaign Disclosure Statement

- **Contributions Received**
  - Monetary Contributions: $1,000.00
  - Loans Received: $0.00
  - Total Contributions: $1,000.00
- **Expenditures Made**
  - Payments Made: $889.00
  - Loans Made: $0.00
  - Total Expenditures: $889.00
- **Current Cash Statement**
  - Beginning Cash Balance: $4,749.00
  - Ending Cash Balance: $4,860.00
- **Loan Guarantees Received**: $0.00
- **Cash Equivalents and Outstanding Debts**
  - Cash Equivalents: $0.00
  - Outstanding Debts: $2,000.00

**Statement covers period**

- from 10/21/18
- through 12/31/18

**I.D. NUMBER**

- 1405039

**Summary Page**

- **CALIFORNIA FORM 460**
- **Page 3 of 6**

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*FPCC Form 460 (Jan/2016)*

**FPCC Advice:** advice@fppc.ca.gov (866/275-3772)

**www.fppc.ca.gov**
### Schedule A
Monetary Contributions Received

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

#### Statement covers period
from 10/21/18 through 12/31/18

#### I.D. NUMBER
1405039

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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>11/05/18</td>
<td>Conejo Simi Moorpark AOR&lt;br&gt;Thousand Oaks, CA 91360&lt;br&gt;ID#890106</td>
<td>□ IND &lt;br&gt;✓ COM</td>
<td></td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>1,000.00</td>
</tr>
<tr>
<td></td>
<td>□ OTH &lt;br&gt;□ PTY &lt;br&gt;□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ IND &lt;br&gt;□ COM &lt;br&gt;□ OTH &lt;br&gt;□ PTY &lt;br&gt;□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ IND &lt;br&gt;□ COM &lt;br&gt;□ OTH &lt;br&gt;□ PTY &lt;br&gt;□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ IND &lt;br&gt;□ COM &lt;br&gt;□ OTH &lt;br&gt;□ PTY &lt;br&gt;□ SCC</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.) .......................................................... $ 1,000.00
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 $ 1,000.00

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*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

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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.

Statement covers period from _______ to _______.

CALIFORNIA FORM 460

Page 5 of 6

NAME OF FILER
Bill Daniels

FULL NAME, STREET ADDRESS AND ZIP CODE
Bill Daniels
Simi Valley, CA 93065

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
Police Officer/City of Simi Valley

OUTSTANDING BALANCE BEGINNING THIS PERIOD
$2,000.00

AMOUNT PAID OR FORGIVEN THIS PERIOD
$0.00

OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
$2,000.00

INTEREST PAID THIS PERIOD
n/a

ORIGINAL AMOUNT OF LOAN
$2,000.00

CUMULATIVE CONTRIBUTIONS TO DATE
$2,000.00

CALENDAR YEAR
04/24/18

DATE INCURRED
$2,000.00

PER ELECTION**

SUBTOTALS
$0.00

Schedule B Summary

1. Loans received this period...
   (Total Column (b) plus unitemized loans of less than $100.)
   $0.00

2. Loans paid or forgiven this period...
   (Total Column (c) plus loans under $100 paid or forgiven.)
   $0.00

3. Net change this period. (Subtract Line 2 from Line 1.)
   Enter the net here and on the Summary Page, Column A, Line 2.
   NET $0.00

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

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

**NAME OF FILER:**
Bill Daniels for City Council 2018

**STATEMENT COVERS PERIOD:**
From 10/21/18 through 12/31/18

**CODES:**
- **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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dug Out Sports Grill</td>
<td>CMP</td>
<td></td>
<td>213.00</td>
</tr>
<tr>
<td>Simi Valley, CA 93065</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Patio Cantina</td>
<td>CMP</td>
<td></td>
<td>500.00</td>
</tr>
<tr>
<td>Simi Valley, CA 93063</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 713.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 713.00
2. Unitemized payments made this period of under $100. $ 176.00
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 $ 889.00