Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 01/01/18 through 09/22/18

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
       (Also complete Part 5)
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
     (Also complete Part 6)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
   - Primarily Formed Candidate/Officesholder Committee
     (Also complete Part 7)

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)
   - CORRECTIONS

3. Committee Information
   - I.D. NUMBER: 1408720
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     DAWN GRAY FOR MAYOR SIMI VALLEY
   - STREET ADDRESS (NO P.O. BOX)
     4053 SNOWGOOSE ST
   - CITY
     SIMI VALLEY
   - STATE
     CA
   - ZIP CODE
     93065
   - AREA CODE/PHONE
     805-403-4687
   - MAILING ADDRESS
     4053 SNOWGOOSE ST
   - CITY
     SIMI VALLEY
   - STATE
     CA
   - ZIP CODE
     93065
   - AREA CODE/PHONE
     805-403-4687
   - NAME OF TREASURER
     DAWN GRAY
   - MAILING ADDRESS
     4053 SNOWGOOSE ST
   - CITY
     SIMI VALLEY
   - STATE
     CA
   - ZIP CODE
     93065
   - AREA CODE/PHONE
     805-403-4687
   - NAME OF ASSISTANT TREASURER, IF ANY

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 10/24/18
   - By
     Signature of Treasurer or Assistant Treasurer
   - Executed on 10/24/18
   - By
     Signature of Controlling Officesholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   - Executed on Date
   - By
     Signature of Controlling Officesholder, Candidate, State Measure Proponent
   - Executed on Date
   - By
     Signature of Controlling Officesholder, Candidate, State Measure Proponent

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www.fppc.ca.gov
### 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Mayor Simi Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAWN GRAY</td>
<td></td>
</tr>
</tbody>
</table>

**Office Sought or Held (Include Location and District Number If Applicable):**

MAYOR SIMI VALLEY

**Residential/Business Address (No. and Street), City, State, ZIP:**

4053 Snowgoose St, Simi Valley, CA 93065

**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>
<th>Name of Treasurer</th>
<th>Controlled Committee?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Committee Address:**

**Street Address (No. P.O. Box), City, State, ZIP Code, Area Code/Phone:**

**Attach continuation sheets if necessary**

---

### 6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>Name of Ballot Measure</th>
<th>Ballot No. or Letter</th>
<th>Jurisdiction</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.*

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Office Sought or Held</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Committee Name**

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>Name of Treasurer</th>
<th>Controlled Committee?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Committee Address:**

**Street Address (No. P.O. Box), City, State, ZIP Code, Area Code/Phone:**

**Attach continuation sheets if necessary**

---
### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

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

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Cumulative Expenditures Made*</td>
<td>(if Subject to Voluntary Expenditure Limit)</td>
</tr>
</tbody>
</table>

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

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).

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

Amounts may be rounded to whole dollars.

**NAME OF FILER**
DAWN GRAY FOR MAYOR SIMI VALLEY

**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)**
---|---|---|---|---|---|---
09/13/18 | ANDRES, SUSAN 1103 ROLDAN AVE SIMI VALLEY, CA 93065 | ✔ IND | PET SITTER SUSAN ANDRES | 100.00 | 100.00 | 100.00
09/02/18 | BERFELD, LINDA 476 FRANKLIN LANE VENTURA, CA 93001 | ✔ IND | EDUCATOR VENTURA UNIFIED | 500.00 | 500.00 | 500.00
08/11/18 | BONGIOVANNI, GEATANO 2007 BELMAN ST SIMI VALLEY, CA 93063 | ✔ IND | NONE | 100.00 | 100.00 | 100.00
08/27/18 | BOWER, ROGER 574 TREETOP LANE THOUSAND OAKS, CA 91360 | ✔ IND | COLLEGE PROFESSOR GLENDALE COLLEGE | 100.00 | 100.00 | 100.00
08/11/18 | CLINT, GORDON 4102 GREENWOOD ST SIMI VALLEY, CA 91320 | ✔ IND | RETIRED | 100.00 | 100.00 | 100.00

**SUBTOTAL $**

### Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) $ __________

2. Amount received this period - unitemized monetary contributions of less than $100 $ __________

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ __________
<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>09/06/18</td>
<td>COY, BRUCE 9400 HEALY TRAIL CHATSWORTH, CA 91311</td>
<td>☑ IND</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>09/11/16</td>
<td>COY, BRUCE 9400 HEALY TRAIL CHATSWORTH, CA 91311</td>
<td>☑ IND COM</td>
<td>RETIRED</td>
<td>25.00</td>
<td>125.00</td>
<td>125.00</td>
</tr>
<tr>
<td>09/18/18</td>
<td>GARCIA, JORGE 2219 GRACELAND ST SIMI VALLEY, CA 93065</td>
<td>☑ IND COM</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>08/31/18</td>
<td>HAMRE, DARREN 300 BLUE MOON CROSSING POOLER, GA 31322</td>
<td>☑ IND PTY</td>
<td>PILOT FLIGHT SAFETY</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>08/07/18</td>
<td>HERRERA, RICHARD 250 COUNTRTY CLUB DR SIMI VALLEY, CA 93065</td>
<td>☑ IND</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>SUBTOTAL $ 425.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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

NAME OF FILER
DAWN GRAY FOR MAYOR SIMI VALLEY

<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>08/09/18</td>
<td>KATOR, ZAKIA 3140 TECOPA LANE SIMI VALLEY, CA 93062</td>
<td>IND COM</td>
<td>ATTORNEY CITY OF LA</td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>07/29/18</td>
<td>LADD, RICK 2313 BRENTWOOD AVE SIMI VALLEY, CA 93062</td>
<td>IND COM</td>
<td>BUSINESS MANAGER QUANTELLIA, LLC</td>
<td>50.00</td>
<td>50.00</td>
<td>50.00</td>
</tr>
<tr>
<td>08/21/18</td>
<td>LADD, RICK 2313 BRENTWOOD AVE SIMI VALLEY, CA 93062</td>
<td>IND COM</td>
<td>BUSINESS MANAGER QUANTELLIA, LLC</td>
<td>50.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>08/26/18</td>
<td>LADD, RICK 2313 BRENTWOOD AVE SIMI VALLEY, CA 93062</td>
<td>IND COM</td>
<td>BUSINESS MANAGER QUANTELLIA, LLC</td>
<td>50.00</td>
<td>150.00</td>
<td>150.00</td>
</tr>
<tr>
<td>06/11/18</td>
<td>LAPPER, JOHN 2968 ROYAL AVE SIMI VALLEY, CA 93065</td>
<td>IND COM</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 1250**

*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

**NAME OF FILER**
DAWN GRAY FOR MAYOR SIMI VALLEY

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

**Statement covers period**
from 01/01/18
through 09/22/18

<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>08/07/18</td>
<td>LAZARONY, PAUL SCUN NORTHRIDGE, CA</td>
<td>IND</td>
<td>PROFESSOR CSUN</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>08/29/18</td>
<td>LOOS, NANCY 11565 FLOWERWOOD COURT MOORPARK, CA, 93021</td>
<td>IND</td>
<td>RN DIGNITY HEALTH NORTHRIDGE HOSPITAL</td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>08/21/18</td>
<td>MARTIN, FLOYD 1059 TUTTLE AVE SIMI VALLEY, CA, 93065</td>
<td>IND</td>
<td>RETIRED</td>
<td>150.00</td>
<td>150.00</td>
<td>150.00</td>
</tr>
<tr>
<td>08/21/18</td>
<td>MCINTYRE, STEPHANIE 211 LONGBRANCH ROAD SIMI VALLEY, CA, 93065</td>
<td>IND</td>
<td>RETIRED</td>
<td>200.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>08/29/18</td>
<td>NELSON PROPERTY MANAGEMENT, INC P.O. BOX 1930 SIMI VALLEY, CA, 93062</td>
<td>IND</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 1950.00

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*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
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SCC – Small Contributor Committee

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<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
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</tr>
</thead>
<tbody>
<tr>
<td>08/17/18</td>
<td>POLLOCK, DAVID 13192 SHADOW WOOD PLACE MOORPARK, CA 93021</td>
<td>☑ IND</td>
<td>CITY COUNCIL MEMBER - MOORPARK</td>
<td>250.00</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>08/14/18</td>
<td>ROBLES, DANNY 2706 FALLOM CT SIMI VALLEY, CA 93065</td>
<td>☑ IND</td>
<td>INSURANCE AGENT KNIGHTS OF COLUMBUS</td>
<td>300.00</td>
<td>300.00</td>
<td>300.00</td>
</tr>
<tr>
<td>08/11/18</td>
<td>ROCCO, CHUCK 2296 CLOVER FIELD ST SIMI VALLEY, CA 93065</td>
<td>☑ IND</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>08/03/18</td>
<td>SANTORO, SARAH 1012 FRANKLIN COURT SIMI VALLEY, CA</td>
<td>☑ IND</td>
<td>NONE</td>
<td>250.00</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>08/11/18</td>
<td>SCHUMACKER, JONI 47 HUMBOLT ST SIMI VALLEY, CA 93065</td>
<td>☑ IND</td>
<td>NON-</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

| SUBTOTAL $    | 910.00 |

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## Schedule A (Continuation Sheet)
### Monetary Contributions Received

**NAME OF FILER**
DAWN GRAY FOR MAYOR SIMI VALLEY

**Statement covers period**
From 01/01/18 through 09/22/18

<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>
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<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/11/18</td>
<td>SMITH-STEIN, SUSANNE 250 COUNTRY CLUB DR SIMI VALLEY, CA 93065</td>
<td>✓ IND</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>08/26/18</td>
<td>SIMI VALLEY DEMOCRATIC CLUB P.O. BOX 586 SIMI VALLEY, CA 93062</td>
<td>✓ IND</td>
<td>RETIRED</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>08/19/18</td>
<td>MATOR, KAMELA UNIFORM WAREHOUSE, INC 20701 NORDOFF ST CHATSWORTH, CA 91311</td>
<td>✓ IND</td>
<td>PTY VIANET INC. 4291 WHITE HAWK LANE SIMI VALLEY, CA 93065</td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>08/22/18</td>
<td>WIRTZ, TAMMY 1776 PATRICIA ST SIMI VALLEY, CA 93065</td>
<td>✓ IND</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 1800.00

*Contributor Codes*

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
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Schedule A (Continuation Sheet)  
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<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>
</table>
| 08/15/18      | WIRTZ, TAMMY  
1776 PATRICIA ST  
SIMI VALLEY, CA 93065 | ✔ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | RETIRED | 99.00 | 199.00 | 199.00 |
| 08/19/18      | WIRTZ, TAMMY  
1776 PATRICIA ST  
SIMI VALLEY, CA 93065 | ✔ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | RETIRED | 300.00 | 499.00 | 499.00 |
| 09/08/18      | WIRTZ, TAMMY  
1776 PATRICIA ST  
SIMI VALLEY, CA 93065 | ✔ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | RETIRED | 200.00 | 699.00 | 699.00 |
| 07/20/18      | GRAY, DAWN  
4053 SNOWGOOSE ST  
SIMI VALLEY, CA 93065 | ✔ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | ACCOUNTING  
DAWN GRAY | 100.00 | 100.00 | 100.00 |
| 08/15/18      | GRAY, DAWN  
4053 SNOWGOOSE ST  
SIMI VALLEY, CA 93065 | ✔ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | ACCOUNTING  
DAWN GRAY | 200.00 | 300.00 | 300.00 |

**SUBTOTAL $** 899.00

*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

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www.fppc.ca.gov
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAWN GRAY FOR MAYOR SIMI VALLEY

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>l.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE
(CF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF SIMI VALLEY</td>
<td>2929 TAPO CANYON ROAD</td>
<td>FIL</td>
<td></td>
<td>1200.00</td>
</tr>
<tr>
<td></td>
<td>SIMI VALLEY, CA 93063</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELOQUI</td>
<td>4723 BARCELONA COURT</td>
<td>CMP</td>
<td></td>
<td>450.00</td>
</tr>
<tr>
<td></td>
<td>CALABASAS, CA 91302</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOODLAND HILLS PRINTING</td>
<td>21602 VENTURA BLVD.</td>
<td>LIT</td>
<td></td>
<td>778.50</td>
</tr>
<tr>
<td></td>
<td>WOODLAND HILLS, CA 91364</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 $ 2428.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 2558.50
2. Unitemized payments made this period of under $100 ................................................................. $ 82.10
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......... $ 03.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................................................. TOTAL $ 2640.60

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### Schedule E (Continuation Sheet)

**Payments Made**

**NAME OF FILER**
DAWN GRAY FOR MAYOR SIMI VALLEY

**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
- **OF C** 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)

<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>SIMI VALLEY DAYS FOUNDATION</td>
<td>CMP</td>
<td></td>
<td>130.00</td>
</tr>
<tr>
<td>P.O. BOX 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIMI VALLEY, CA 93062</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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**Statement covers period**

- **from** 01/01/18
- **through** 09/22/18

**SCHEDULE E (CONT.)**

**CALIFORNIA FORM 460**

**Page 12 of 12**

**I.D. NUMBER**

1408720

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