Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 07/01/2019 through 12/31/2019

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
- General Purpose Committee

- Primarily FormedBallot Measure Committee
- Primarily Formed Candidate/Officerholder Committee

- State Candidate Election Committee
- Sponsored Committee

- Recall (Also Complete Part 5)
- Sponsored Committee

- Controlled Committee
- Sponsored Committee

- Special Odd-Year Report
- Quarterly Statement

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Term ination Statement
- Annual Statement

- Amendment (Explain below)

3. Committee Information

Committee Name (or Candidate's Name if No Committee)
RUTH LUE VANOS FOR SIMI VALLEY CITY COUNCIL 2018

Street Address (No P.O. Box)

City State Zip Code Area Code/Phone

Mailin g Address (If Different) No. And Street Or P.O. Box

City State Zip Code Area Code/Phone

Optional: Fax / E-mail Address

Treasurer(s)

Name of Treasurer
DUCEMONICA DELGADILLO

Mailing Address

City State Zip Code Area Code/Phone

Whittier CA 90602

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 2-19-20

By

Signature of Treasurer or Assistant Treasurer

Executed on

Date

By

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

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Recipient Committee
### Campaign Statement
### Cover Page — Part 2

#### 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>RUTH LUEVANOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>SIMI VALLEY CITY COUNCIL 2018</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>SIMI VALLEY CA 93063</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.

- **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

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

- **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**

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**
RUTH LUEVANOS FOR SIMI VALLEY CITY COUNCIL 2018

**Contributions Received**

1. **Monetary Contributions**
   - Schedule A, Line 3
   - $0
   - $203.43 (Column B, Calendar Year Total to Date)

2. **Loans Received**
   - Schedule B, Line 3
   - $0
   - $0

3. **SUBTOTAL CASH CONTRIBUTIONS**
   - Add Lines 1 + 2
   - $0
   - $0

4. **Nonmonetary Contributions**
   - Schedule C, Line 3
   - $0
   - $203.43 (Column B, Calendar Year Total to Date)

5. **TOTAL CONTRIBUTIONS RECEIVED**
   - Add Lines 3 + 4
   - $0
   - $203.43 (Column B, Calendar Year Total to Date)

**Expenditures Made**

6. **Payments Made**
   - Schedule E, Line 4
   - $1,498.90
   - $1,551.20 (Column B, Calendar Year Total to Date)

7. **Loans Made**
   - Schedule H, Line 3
   - $0
   - 0

8. **SUBTOTAL CASH PAYMENTS**
   - Add Lines 6 + 7
   - $1,498.90
   - $1,551.20 (Column B, Calendar Year Total to Date)

9. **Accrued Expenses (Unpaid Bills)**
   - Schedule F, Line 3
   - $0
   - 0

10. **Nonmonetary Adjustment**
    - Schedule C, Line 3
    - $0
    - 0

11. **TOTAL EXPENDITURES MADE**
    - Add Lines 8 + 9 + 10
    - $1,498.90
    - $1,551.20 (Column B, Calendar Year Total to Date)

**Current Cash Statement**

12. **Beginning Cash Balance**
    - Previous Summary Page, Line 16
    - $1,498.90

13. **Cash Receipts**
    - Column A, Line 3 above
    - 0

14. **Miscellaneous Increases to Cash**
    - Schedule I, Line 4
    - 0

15. **Cash Payments**
    - Column A, Line 8 above
    - $1,498.90

16. **ENDING CASH BALANCE**
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - $0

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

17. **LOAN GUARANTEES RECEIVED**
    - Schedule B, Part 2
    - $0

**Cash Equivalents and Outstanding Debts**

18. **Cash Equivalents**
    - See instructions on reverse
    - $0

19. **Outstanding Debts**
    - Add Line 2 + Line 9 in Column B above
    - $0

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$0</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. **Cumulative Expenditures Made**
    - (If Subject to Voluntary Expenditure Limit)
    - Date of Election (mm/dd/yy)
    - Total to Date
    - $0

*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).
Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
RUTH LUEVANOS FOR SIMI VALLEY CITY COUNCIL 2018

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2019 through 12/31/2019

I.D. NUMBER
1408927

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 OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTB</td>
<td>SIMI VALLEY DEMOCRATIC CLUB</td>
<td>600.00</td>
</tr>
<tr>
<td>FND</td>
<td>SIMI VALLEY DEMOCRATIC CLUB</td>
<td>250.00</td>
</tr>
<tr>
<td>CVC</td>
<td>SIMI VALLEY, CA 93062</td>
<td>464.00</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.) ................................................. $ 1314.00
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.) TOTAL $ 1498.90

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