Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

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

[ ] Primarily Formed Ballot Measure Committee
[ ] Controlled
[ ] Sponsored
(Also Complete Part 6)

[ ] Primarily Formed Candidate/Officholder Committee
(Also Complete Part 7)

2. Type of Statement:

[ ] Prelection Statement
[ ] Semi-annual Statement
[ ] Quarterly Statement
[ ] Special Odd-Year Report
[ ] Termination Statement
(Also file a Form 410 Termination)

[ ] Amendment (Explain below)

CORRECTIONS PER CEAC, PAGE 3

3. Committee Information

I.D. NUMBER

1387134

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DEE DEE CAVANAUGH FOR SIMI VALLEY CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY

SIMI VALLEY

STATE

CA

ZIP CODE

93063

MAILING ADDRESS

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 2/20/2020

Date

By ____________________________

Signature of Treasurer or Assistant Treasurer

Executed on 2/20/2020

By ____________________________

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

Date

Executed on ____________________________

By ____________________________

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

Executed on ____________________________

By ____________________________

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

for Official Use Only

OFFICE OF CITY CLERK

FPPC FORM

FORM 460 (Jan/2016)

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

NAME OF OFFICEHOLDER OR CANDIDATE

DEE DEE CAVANAUGH

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

SIMI VALLEY CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  

SIMI VALLEY CA 93063

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT |
| 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>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td></td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td></td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
<th>Column B</th>
<th>CALIFORNIA 460 Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>$25.00</td>
<td>$25.00</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
<td>7/1 to Date</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$25.00</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$25.00</td>
<td>$25.00</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
<th>Column B</th>
<th>CALIFORNIA 460 Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>$30.00</td>
<td>$60.00</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$30.00</td>
<td>$60.00</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$30.00</td>
<td>$60.00</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Contributions Received**: $NA
- **Expenditures Made**: $NA

### Expenditure Limit Summary for State Candidates

- **Cumulative Expenditures Made**: $NA

### Current Cash Statement

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
<th>Column B</th>
<th>CALIFORNIA 460 Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Beginning Cash Balance</td>
<td>$17.66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Cash Receipts</td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Miscellaneous Increases to Cash</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Cash Payments</td>
<td>$30.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>ENDING CASH BALANCE</td>
<td>$12.66</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ending Cash Balance**: $12.66

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).

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
<th>Column B</th>
<th>CALIFORNIA 460 Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Cash Equivalents</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Outstanding Debts</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cash Equivalents**: $0

**Outstanding Debts**: $0

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**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**: 07/01/2019
- **through**: 12/31/2019

**DEE DEE CAVANAUGH FOR SIMI VALLEY CITY COUNCIL 2016**

**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)**
--- | --- | --- | --- | --- | --- | ---

### Schedule A Summary

1. **Amount received this period – itemized monetary contributions.** (Include all Schedule A subtotals.) .......................................................... $ 0

2. **Amount received this period – unitemized monetary contributions of less than $100** .................................................. $ 25.00

3. **Total monetary contributions received this period.** (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. **TOTAL $** 25.00

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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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