Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

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Date Stamp

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2020 through 09/19/2020

Date of election if applicable: (Month, Day, Year) 11/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] 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/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1423965

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RYAN VALENCIA FOR SIMI VALLEY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX):

CITY: SIMI VALLEY STATE: CA ZIP CODE: 93065 AREA CODE/PHONE:

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

CITY: SIMI VALLEY STATE: CA ZIP CODE: 93063 AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: PATRICIA MERCHANT

MAILING ADDRESS:

CITY: SIMI VALLEY STATE: CA ZIP CODE: 93063 AREA CODE/PHONE:

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 09/23/2020 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 09/23/2020 (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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

RYAN VALENCIA

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

SIMI VALLEY CITY COUNCIL DISTRICT 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.*

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	

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

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2020 through 09/19/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RYAN VALENCIA FOR SIMI VALLEY COUNCIL 2020

I.D. NUMBER: 1423965

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 10,939	$ 26,190
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10,939	$ 26,190
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	32
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10,939	$ 26,222

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 6,740	$ 9,012
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6,740	$ 9,012
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	32
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 6,740	$ 9,044

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 12,979
13. Cash Receipts	*Column A, Line 3 above*	10,939
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	6,740
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 17,178

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

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).

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

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
__/__/__	$
__/__/__	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 07/01/2020 through 09/19/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RYAN VALENCIA FOR SIMI VALLEY COUNCIL 2020

I.D. NUMBER: 1423965

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/2020	JULIA FRANCO SIMI VALLEY, CA 93063	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100	100	100
07/06/2020	TAMMY WIRTZ SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	250	1,000	1,000
07/07/2020	JONATHAN ABBOUD GOLETA, CA 93117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	GENERAL MANAGER ISLA VISTA COMMUNITY SERVICES	100	125	125
07/22/2020	DENNIS ARGUELLES GLENDALE, CA 91208	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER NATIONAL PARKS CONSERVATION ASSOC	100	100	100
07/22/2020	CHUCK ROCCO SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100	100	100
			SUBTOTAL $ 650			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 9,111
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,828
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 10,939

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

NAME OF FILER
RYAN VALENCIA FOR SIMI VALLEY COUNCIL 2020

I.D. NUMBER
1423965

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/30/2020	ARTHUR VALENZUELA, JR. OXNARD, CA 93033	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LONGSHOREMAN PACIFIC MARITIME ASSOC.	250	250	250
08/01/2020	BOOKIEBOO, LLC SIMI VALLEY, CA 93063	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	100
08/01/2020	TIMOTHY GRAY SIMI VALLEY, CA 93063	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER SPACE VECTOR, INC	500	500	500
08/04/2020	BETSY CONNOLLY THOUSAND OAKS, CA 91360	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COLLEGE PROFESSOR MOORPARK COLLEGE	250	450	450
08/04/2020	VIANEY LOPEZ OXNARD, CA 93033	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DISTRICT DIRECTOR CA STATE ASSEMBLY	100	100	100
			SUBTOTAL $	1,200		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2020 through 09/19/2020

CALIFORNIA FORM 460

NAME OF FILER: RYAN VALENCIA FOR SIMI VALLEY CITY COUNCIL 2020

I.D. NUMBER: 1423965

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/08/2020	NANCY LOOS MOORPARK, CA 93021	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REGISTERED NURSE DIGNITY HEALTH	250	250	250
08/11/2020	FIREFIGHTERS FOR BETTER GOVERNMENT SACRAMENTO, CA 95814 ID#811189	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000	1,000	1,000
08/14/2020	SERVICE EMPLOYEES INTN'L UNION LOS ANGELES, CA 90017 ID#743794	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		750	750	750
08/15/2020	JASON RUNNFELDT OXNARD, CA 93036	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SALES YARKI SYSTEMS	100	100	100
08/17/2020	ERIK HILBORN MORGANTOWN, WV 26505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RESIDENT PHYSICIAN WVU MEDICINE	100	100	100
			SUBTOTAL $	2,200		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

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08/24/2020	KEVIN GISER PALM DESERT, CA 92260	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DIRECTOR OF COMMUNITY IMPACT JFEDPS	36	108	108
08/27/2020	DANIEL KULICK SANTA CLARITA, CA 91351	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	BUSINESS SYSTEMS ANALYST REGAL MEDICAL GROUP	100	100	100
08/29/2020	MICHAEL SOTO MOORPARK, CA 93021	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	POLITICAL ADVISOR NUHW	150	250	250
09/01/2020	JONATHAN KUROHARA SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PHYSICIAN JONATHAN KUROHARA, M.D., INC.	100	100	100
09/03/2020	SIMI VALLEY DEMOCRATIC CLUB SIMI VALLEY, CA 93062 ID#1370241	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000	1,000	1,000
			SUBTOTAL $	1,386		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

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09/05/2020	DEBRA DAVILA SIMI VALLEY, CA 93063	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FINANCIAL ADVISOR NORTHWESTERN MUTUAL	50	100	100
09/05/2020	ZAKIA KATOR SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY CITY OF LOS ANGELES	150	400	400
09/08/2020	UFCW LOCAL 770 PAC# 921242 LOS ANGELES, CA 90005	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000	1,000	1,000
09/08/2020	DENISE TUGADE SACRAMENTO, CA 95817	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	GOVERNMENT RELATIONS SEIU-UHW	100	100	100
09/10/2020	BRANDON ZAVALA SANTA CLARITA, CA 91321	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CAMPAIGN MANAGER CHRISTY FOR CONGRESS	650	750	750
			SUBTOTAL $	1,950		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2020 through 09/19/2020

CALIFORNIA FORM 460

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I.D. NUMBER: 1423965

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/10/2020	JORGE GARCIA SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	300	800	800
09/11/2020	RICHARD CARTER SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	QUALITY DIRECTOR XIRGO TECHNOLOGIES	100	100	100
09/11/2020	CHERYL DE BARI MOORPARK, CA 93021	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100	100	100
09/11/2020	ELIZABETH SOTO MOORPARK, CA 93021	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CONTROLLER CA FEDERATION OF TEACHERS	100	100	100
09/11/2020	NATHAN BOUSFIELD SANTA CLARITA, CA 91354	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FIELD SUPERVISOR U.S. CENSUS	50	110	110
			SUBTOTAL $ 650			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

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09/11/2020	UNITED DEMOCRATS FOR PROGRESS OF NEWBURY PARK, CA 91320 ID#1407134	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		200	200	200
09/14/2020	PLANNED PARENTHOOD CENTRAL COAST ACTION FUND, SANTA BARBARA, CA 93101 ID#1278950	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	250
09/15/2020	STEVEN AUCLAIR PORT HUENEME, CA 93041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FIELD COORDINATOR CA DEMOCRATIC PARTY	75	140	140
09/16/2020	LORENA HAAS SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	TEACHER OXNARD UNION HIGH SCHOOL	100	100	100
09/19/2020	DAVID POLLOCK MOORPARK, CA 93021	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	BUSINESS DEVELOPMENT POLLOCK CONSULTING	100	100	100
			SUBTOTAL $	725		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

NAME OF FILER
RYAN VALENCIA FOR SIMI VALLEY CITY COUNCIL 2020

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1423965

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09/19/2020	ELIZABETH OHRT SIMI VALLEY, CA 93063	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STAFF RESEARCH UCLA	75	125	125
09/19/2020	LAURA RIGBY SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ASSOCIATE MANAGER UNIVERSAL MUSIC GROUP	25	100	100
09/19/2020	REBECCA ALBARRAN SIMI VALLEY, CA 93065	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PUBLIC SERVANT VENTURA COUNTY	250	310	310
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $ 350			

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2020 through 09/19/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RYAN VALENCIA FOR SIMI VALLEY COUNCIL 2020

I.D. NUMBER: 1423965

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PDI NORWALK, CA 90652		VOTER REGISTRATION INFORMATION	1,100
CITY OF SIMI VALLEY SIMI VALLEY, CA 93063	FIL		850
THE ACORN NEWSPAPER AGOURA, CA 91301	PRT		1,368

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

SUBTOTAL $ 3,318

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,640
2. Unitemized payments made this period of under $100 ..... $ 100
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 $ 6,740

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM 460

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE SUITE MOUNTAIN VIEW, CA 94043	WEB		108
PRESS PRINT BANNING, CA 92220	CMP		1,710
WOODLAND HILLS PRINTING WOODLAND HILLS, CA 91364	CMP		713
HOME DEPOT SIMI VALLEY, CA 93065	CMP		188
eFUNDRAISING SACRAMENTO, CA 95816		ONLINE FUNDRAISING SERVICES	603

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

SUBTOTAL $ 3,322