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/Officeholder Committee (Also Complete Part 7)

2. **Type of Statement:**
   - Pre-election Statement
   - Semi-Annual Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER:** 1334099
   - **COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):** DAVITT FOR CITY COUNCIL 2015
   - **MAILING ADDRESS:**
     - STREET ADDRESS AND P.O. BOX
     - CITY: LA CANADA
     - STATE: CA
     - ZIP CODE: 91011
   - **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: 7/20/2021
   Executed on: 7/20/2021
   Executed on: Date
   Executed on: Date

   By: [Signature]
   By: [Signature]
   By: [Signature]
   By: [Signature]

   [Position: Treasurer]
   [Position: Proprietor or Responsible Officer of Sponsor]
   [Position: Signature of Controlling Officeholder, Candidate, State Measure Proponent]
   [Position: Signature of Controlling Officeholder, Candidate, State Measure Proponent]

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MICHAEL T. DAVITT

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
LA CANADA FLINTRIDGE CITY COUNCIL
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)
CITY STATE ZIP

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>
</table>

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

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

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>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$0</td>
<td>$29,768.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$1500.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0</td>
<td>$31,268.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$31,268.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0</td>
<td>$31,268.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$0</td>
<td>$29,775.16</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$29,775.16</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$0</td>
<td>$29,775.16</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$29,775.16</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$29,775.16</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$0</td>
<td>$29,775.16</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$1518.84</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$0</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$1518.84</td>
</tr>
</tbody>
</table>

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).

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUMMARY PAGE**


**NAME OF FILER**

DAVIT FOR CITY COUNCIL 2015

**I.D. NUMBER**

1334099

**CALIFORNIA FORM**

460

**FPCC Form 460 (Jan/2016)**

FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov