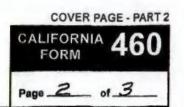
	Date Stamp 7/13/21 C CALIFORNIA 460 FORM				
Recipient Committee Campaign Statement Cover Page SEE INSTRUCTIONS ON REVERSE					
	Statement covers period from $1/1/21$ through $6/30/2/$	Date of election if applicable: (Month, Day, Year) CAMPAIGN FINANCE FORM Page of Page of For Official Use Only			
1. Type of Recipient Committee: All Committee	s - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Compile Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Quarterly Statement Special Odd-Year Report			
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Compiles Part 7)				
3. Committee Information	960877	Treasurer(s)			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F	ZIP CODE AREA CODE/PHONE 9/355 66/645 6772	MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CA 9/355 66/6456772 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS	1	OPTIONAL: FAX / E-MAIL ADDRESS			
wcooper 61@ Att.ne	7				
4. Verification I have used all reasonable diligence in preparing and recertify under penalty of perjury under the laws of the State Executed on T		knowledge the information contained herein and in the attached schedules is true and complete. I fficer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016))			
		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	Λ\ 2 . \		NAME OF BALLOT MEASURE		*		
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE) HEN Agency Director Dir	7.57	BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP		identify the controlling offic			oponent, if any.	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR	PROPONENT		
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.			OFFICE SOUGHT OR HELD		DISTRICT	DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Office for which this	eholder Committee committee is primarily for	List names of med.	
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPOR	
STATE ZIP CODE AREA CODE/PHONE		19	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOUGHT OR HELD		D SUPPORT	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT	
	SS (NO P.O. BOX)						
DITY STA	TE ZIP CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

FORM SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER ODDER (Bill Cooper for Water BOARD 2016) Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date Loans Received Schedule B, Line 3 0 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1+2 Received 0 Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED..... **Expenditures Made Expenditure Limit Summary for State** Candidates Payments Made...... Schedule E, Line 4 Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 (if Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 Current Cash Statement 13078 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 0 of your last report. Some . 15. Cash Payments Column A, Line 8 above amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov