

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

7/18/23 ①

SHORT FORM

CALIFORNIA FORM **450**

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For Official Use Only

**Statement covers period**  
 from 01/01/2023  
 through 06/30/2023

**Date of election if applicable:**  
 (Month, Day, Year)

2023 JUL 24 PM 2:10

RECEIVED BY  
LOS ANGELES COUNTY

CAMPAIGN FINANCE  
DISCLOSURE SECTION

## 1. Type of Recipient Committee:

- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

## 3. Committee Information

I.D. NUMBER  
1363932

COMMITTEE NAME  
California Association of Mutual Water Companies Political Action Committee

STREET ADDRESS (NO PO BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-8888

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-8888

OPTIONAL: FAX / E-MAIL ADDRESS  
(916) 442-0382 / kroberts@nossaman.com

## Treasurer(s)

NAME OF TREASURER  
Karen Roberts

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 930-7716

NAME OF ASSISTANT TREASURER, IF ANY

Dawn Huck  
MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-8888

OPTIONAL: FAX / E-MAIL ADDRESS  
(916) 442-0382 / dhuck@nossaman.com

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the for

is true and complete. I certify

Executed on 7/12/2023  
DATE

By \_\_\_\_\_

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

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1/1/2023  
through 6/30/2023

SHORT FORM	
<b>CALIFORNIA FORM</b>	<b>450</b>
Page <u>2</u> of <u>3</u>	I.D. NUMBER 1363932

NAME OF COMMITTEE

California Association of Mutual Water Companies Political Action Committee

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$ <u>834.75</u>
2. Expenditures under \$100 made this period (Not itemized.) .....	<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$ <u>834.75</u>
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>	<u>0.00</u>
5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$ <u>834.75</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$ <u>0.00</u>
8. Non-monetary contributions received this period .....	<u>0.00</u>
9. Total contributions received from previous statement ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>0.00</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$ <u>25,206.45</u>
12. Cash receipts this period ..... <i>Line 7 above</i>	<u>0.00</u>
13. Miscellaneous increases to cash .....	\$ <u>0.00</u>
14. Cash expenditures this period ..... <i>Line 3 above</i>	<u>834.75</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>24,371.70</u>

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Campaign Statement – Short Form**

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to whole dollars.

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SHORT FORM

**CALIFORNIA  
FORM 450**

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I.D. NUMBER  
1363932

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE  
California Association of Mutual Water Companies Political Action Committee

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
2/17/2023	Nossaman LLP Sacramento, CA 95814	Professional services and costs Inv 543995		834.75	Calendar Year \$ <u>834.75</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL</b>				<b>\$ 834.75</b>	

\* Required only for payments which are contributions or independent expenditures.