

Recipient Committee Campaign Statement FORM **Cover Page** 2024 JUL 26 PM 3:099 Statement covers period Date of election if applicable: For Official Use Only (Month, Day, Year) 01 January 2024 through 30 June 2024 5 November 2024 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report Recall Termination Statement Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarity Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1426236 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Armitage for SCV Water Director 2024 Allan Trautman MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE STATE 91354 661-713-1355 Santa Clarita CA CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Santa Clarita CA 91390 661-388-0220 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE AREA CODE/PHONE CITY ZIPCODE ZIP CODE STATE Santa Clarita CA 91354 OPTIONAL: FAX / E-MAIL ADDRESS 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 t 24 July 2024 Executed on . Executed on . Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on __ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM
Page 2 of 15

Officeholder or Candidate Controlled Committee		6	6.	Primarily Formed Ballot	Measure (Committee			
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Kathye Armitage									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF	APPLICABL	.E)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
SCV Water Director, District 3									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP						
	Santa Clarita	CA 9	139		Identify the controlling officel	nolder, candid	date, or state	measure prop	onent, if any.
			-		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Included in this St									
not included in this statement that are controlled by you contributions or make expenditures on behalf of your can		med to rec	elve		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
			-						
COMMITTEE NAME	I.D. NUMBER								
				_				***	
NAME OF TREASURER	CONTROLLED	COMMITTE	E? 7	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this	eholder Co committee is p	mmittee L primarily form	ist names of ed.
	LJYES	NO					T		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
									OPPOSE
CITY STATE ZIP	CODE AF	REA CODE/F	PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
									OPPOSE
COMMITTEE NAME	1.D. NUMBER				NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HELD	, auggent
	1								SUPPORT
NAME OF TREASURER	CONTROLLED	COMMITTE	E?		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOI	JGHT OR HELD	
	YES	NO			NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOC	JOHN OK NEEL	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO PO	BOX)								OPPOSE
CITY STATE ZIP	CODE AF	REA CODE/F	PHONE		Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01 January 2024	FORM 460				
through 30 June 2024	Page 3 of 15				
	1.D. NUMBER 1426236				

Armitage for SCV Water Director 2024 COLUMN B CALENDAR YEAR TOTAL TO DATE Column A Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and General Elections 11,197 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 20. Contributions 11,197 11,197 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 325 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 11,522 11,522 5. TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 +4 \$ Expenditures Made **Expenditure Limit Summary for State** 1330 Candidates 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 1330 1330 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 325 325 (mm/dd/yy) Schedule C. Line 3 10. Nonmonetary Adjustment...... 1655 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 11,522 add amounts in Column A to the corresponding Amounts in this section may be different from amounts -1 14. Miscellaneous Increases to Cash Rounding, error Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some 1655 amounts in Column A may 10,047 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 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). 18. Cash Equivalents...... See instructions on reverse \$ 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

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from 01 January 2024		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through 30 June 2024		Page.	4 of 15
NAME OF FILER Armitage fo	or SCV Water Director 2024					1.D. NUI 14262	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
6/13/24	Jeanne Smart Long Beach CA 90808	☑IND □COM □OTH □PTY □SCC	Retired RN	750	750		
5/8/24	Jackie Thomas Santa Clarita CA 91350	COM COM OTH PTY	Retired	500	500		
5/28/24	Kim Glass Santa Clarita CA 91390	COM COM OTH PTY SCC	Mom	500	500		
6/23/24	lynne winner castaic CA 91384	IND COM OTH PTY	Teacher, Five Keys Charter Schools	500	500		
6/3/24	Tiffany Shepis Valencia CA 91354	IND COM OTH PTY SCC	Self; self	500	500		
			SUBTOTAL	\$ 2750			
	A Summary					ontributor C	
	ceived this period – itemized monetary contribution		\$ <u>8</u> 3	363	co	(other	ent Committee than PTY or SCC)
2. Amount re	ceived this period – unitemized monetary contribu	tions of less than	n \$100\$ <u>-21</u>	834	PT	Y - Politica	e.g., business entity) I Party Contributor Committee
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0	Column A, Line 1	.)TOTAL \$ 11	1,197		FPPC	Form 460 (Jan/2016))

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA A

Statement covers period

				from 01 January	2024	FO	RM 460
				through 30 June	2024		of
Armitage for	or SCV Water Director 2024					1.D. NUM 14262	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
5-8-24	Marybeth Jacobsen Ca CA 91321	IND COM OTH PTY	Self; landscape designer	250	250		
5/15/24	Lisa Henry Mountain View CA 94039	✓IND □COM □OTH □PTY □SCC	Attorney; none	250	250		
5/8/24	Nathan Bousfield Valencia CA 91354	MIND □ COM □ OTH □ PTY □ SCC	Field tech; Southern California Edison Field Tech	200	200		
5/11/24	Elizabeth Fair Valencia CA 91355	☑IND □COM □OTH □PTY	Homemaker	200	200		

Engineer; LADWP

SCC IND

COM

OTH

PTY SCC

SUBTOTAL \$ 1100

200

200

*Contributor Codes IND - Individual

6/7 and

6/29/24

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

CHRISTOPHER WERTHE

Santa Clarita CA 91355

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01 January 2024	CALIFORNIA 460
through 30 June 2024	Page 6 of 15
	1.D. NUMBER 1426236

NAME OF FILER

Armitage for SCV Water Director 2024

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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)
Sarah Jakle Los Angeles CA 90043	☑IND □COM □OTH □PTY □SCC	Executive director; DecocraShe	200	200	
Diane Trautman Santa Clarita CA 91350	ZIND COM OTH PTY	Retired	200	200	
Marcie Kraft Simi Valley CA 93063	ØIND □COM □OTH □PTY □SCC	PPC; Parenting Plan Peace	180	180	
Kathleen Walker Santa Clarita CA 91355	☑IND □COM □OTH □PTY □SCC	Speech language pathologist; AVUHSD	150	150	
Kimmy Cavallo Valencia CA 91354	IND COM	Special Education inclusion specialist; Gorman Learning charter	150	150	
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Sarah Jakle Los Angeles CA 90043 Diane Trautman Santa Clarita CA 91350 Marcie Kraft Simi Valley CA 93063 Kathleen Walker Santa Clarita CA 91355 Kimmy Cavallo	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Sarah Jakle Los Angeles CA 90043 Diane Trautman Santa Clarita CA 91350 Marcie Kraft Simi Valley CA 93063 Kathleen Walker Santa Clarita CA 91355 Kimmy Cavallo Valencia CA 91354	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Sarah Jakle Los Angeles CA 90043 Diane Trautman Santa Clarita CA 91350 Marcie Kraft Simi Valley CA 93063 Kathleen Walker Santa Clarita CA 91355 Kimmy Cavallo Valencia CA 91354 CONTRIBUTOR CODE CONTRIBUTOR CODE CONTRIBUTOR CODE CONTRIBUTOR COM IND	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Sarah Jakle Los Angeles CA 90043 Diane Trautman Santa Clarita CA 91350 Marcie Kraft Simi Valley CA 93063 Kathleen Walker Santa Clarita CA 91355 Kimmy Cavallo Valencia CA 91354 CONTRIBUTOR CODE CONTRIBUTOR CODE CONTRIBUTOR CODE CONTRIBUTOR COCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) PERIOD RECEIVED THIS PERIOD 100 RECEIVED THIS PERIOD RECEIVED THE PERIOD RECEIVED THE PERIOD RECEIVED THE PERIOD RECEIVED THE PERIOD RECEIVE THE PER	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Sarah Jakle Los Angeles CA 90043 Diane Trautman Diane Trautman Diane Trautman Santa Clarita CA 91350 Marcie Kraft Simi Valley CA 93063 Kathleen Walker Santa Clarita CA 91355 Kimmy Cavallo Valencia CA 91354 COCLIPATION AND EMPLOYER (JAN. 1 - DEC. 31) COCLIPATION AND EMPLOYER (JAN. 1 - DEC. 31) Executive director; DecocraShe 200 200 200 Executive director; DecocraShe Period Period Period Period Period PPC; Parenting Plan Peace PPC; Parenting Plan Peace PPC; Parenting Plan Peace PPC; Parenting Plan Peace Speech language Pathologist; AVUHSD Tiod OTH PTY Scc Kimmy Cavallo Valencia CA 91354 PIND COM OTH PTY Scc Speech language Pathologist; AVUHSD Tiod Inclusion specialist; Gorman Learning charter

*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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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from _01 January 2024	CALIFORNIA 460
through 30 June 2024	Page 7 of 15
	I.D. NUMBER

NAME OF FILER

Armitage for SCV Water Director 2024

1426236

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	CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Karen Goldman Chatsworth CA 91311	IND COM OTH PTY SCC	Self; attorney	120	120	
Crystal Carr Santa Clarita CA 91350	ZIND COM OTH PTY	N/A	110	110	
Christopher Trunkey Santa Clarita CA 91390	☑IND □COM □OTH □PTY □SCC	CFO; Phoenix Pictures, Inc.	100	100	
Shelley Ruffell Valencia CA 91354	☑IND □COM □OTH □PTY □SCC	Accountant; College of the Canyons	100	100	
Dane Ruffell Valencia CA 91354	ZIND COM OTH PTY SCC	Finance director; Walt Disney Company	100	100	
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Karen Goldman Chatsworth CA 91311 Crystal Carr Santa Clarita CA 91350 Christopher Trunkey Santa Clarita CA 91390 Shelley Ruffell Valencia CA 91354 Dane Ruffell	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Karen Goldman Chatsworth CA 91311 Crystal Carr Santa Clarita CA 91350 Christopher Trunkey Santa Clarita CA 91390 Christopher Trunkey Santa Clarita CA 91354 Dane Ruffell Valencia CA 91354 CONTRIBUTOR CONTRIBUTOR COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Karen Goldman Chatsworth CA 91311 Crystal Carr Santa Clarita CA 91350 Christopher Trunkey Santa Clarita CA 91390 Christopher Multiple (Common of the Canyons) Shelley Ruffell Valencia CA 91354 Contributor Contributor	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Karen Goldman Chatsworth CA 91311 Crystal Carr Santa Clarita CA 91350 Christopher Trunkey Santa Clarita CA 91390 Shelley Ruffell Valencia CA 91354 Dane Ruffell Valencia CA 91354 CONTRIBUTOR CONTRIBUTOR (IF SELP-EMIADYED, ENTER NAME) PERIOD RECEIVED THIS PERIOD 120 Self; attorney 110 CFO; Phoenix Pictures, Inc. Inc. Inc. Shouth Canyons The Cany	CONTRIBUTOR CODE CODE COLLIPATION AND EMPLOYER (IF SELF-BMPLOYER NAME) OF BUSINESS) Karen Goldman Chatsworth CA 91311 Crystal Carr Crystal Carr Santa Clarita CA 91350 Christopher Trunkey Santa Clarita CA 91390 Shelley Ruffell Valencia CA 91354 Calendar Year (JAN. 1 - DEC. 31) Party Sec Cryption And Employer (IF SELf-BMPLOYER NAME) OF BUSINESS) RECEIVED THIS PERIOD CALENDAR YEAR (JAN. 1 - DEC. 31) 120 120 120 120 120 120 120 1

*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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SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from _01 January 2024	CALIFORNIA 460
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NAME OF FILER			I.D. NUMBER
Armitage for SCV Water Director 2024			1426236

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)
5/8/24	Pandors Estrada Valencia CA 91354	IND COM	Teacher; SUSD	100	100	
5/1/24	Michele Handley San Juan Capistrano CA 92675	ZIND COM OTH PTY	Retired	100	100	
5/14/24	Gayle Vogel Santa Clarita CA 91390	COM OTH PTY SCC	Retired	100	100	
5/17/24	Stacee Wilhite Valencia CA 91355-2605	☑IND □COM □OTH □PTY □SCC	Organizing mgr.; Everytown for Gun Safety	100	100	
5/17/24	Valerie Bradford Santa Clarita CA 91390	☑IND □COM □OTH □PTY □SCC	Retired	100	100	
			SUBTOTAL	500		

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SCHEDULE A (CONT.)

	Statement covers period from 01 January 2024	CALIFORNIA 460
	through 30 June 2024	Page 9 of 15
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NAME OF FILER

Armitage for SCV Water Director 2024

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
5/17/24	Cheylynda Barnard Moreno Valley CA 92551	ZIND COM OTH PTY SCC	Executive Dir; UC Riverside	100	100	
5/28/24	Elizabeth Jensen Santa Clarita CA 91350	☑IND □COM □OTH □PTY □SCC	Self; grant writer	100	100	
5/31/24	DESTINY RODRIGUEZ Fresno CA 93722	☑IND □COM □OTH □PTY □SCC	Exec. Dir.; MOVE the Valley	100	100	
6/8/24	Emily Burton Santa Clarita CA 91390	☑IND □COM □OTH □PTY □SCC	Teacher; LAUSD	100	100	
6/8/24	Jessica Speiser Los Altos CA 94024	IND COM	N/A	100	100	

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SCHEDULE A (CONT.)

Monetary Contributions Received	through 30 June 2024 Page 10 of 1.D. NUMBER	CALIFORNIA 460	
		through 30 June 2024	Page of
NAME OF FILER Armitage for SCV Water Director 2024			1.D. NUMBER 1426236
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FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
Alyssa Williams Castaic CA 91384	IND COM OTH PTY SCC	self; baker	100	100	
Dee Emmert San Pablo CA 94806	☑IND □COM □OTH □PTY □SCC	Clergy; Christ Lutheran Church El Cerrito	100	100	
Susan McKenzie Castaic CA 91384	☑IND □COM □OTH □PTY □SCC	Marketing; state of California	100	100	
Sara Aminzadeh Kentfield CA 94904	IND COM OTH PTY SCC	Deputy Secretary; CNR	100	100	
Tamara Levenson Los Angeles CA 90049	IND COM OTH PTY	Executive Dir.; Grassroots Democrats HQ	100	100	
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Alyssa Williams Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Sara Aminzadeh Kentfield CA 94904 Tamara Levenson	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Alyssa Williams Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Castaic CA 91384 Susan McKenzie Castaic CA 91384 Com Com Com Com Com Com Com Co	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Alyssa Williams Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Castaic CA 91384 Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Castaic CA	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Alyssa Williams Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Castaic CA 91384 Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Dee Emmert Susan McKenzie Castaic CA 91384 Dee Emmert Susan McKenzie Castaic CA 91384 Deputy Secretary; CNR Castaic CA 91384 Deputy Secretary; CNR Tamara Levenson Los Angeles CA 90049 Contribution Contribution Contribution Contribution Commander Commander Commander Commander Deputy Secretary; CNR Tomara Levenson Commander Comm	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Alyssa Williams Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Castaic CA 91384 Castaic CA 91384 Dee Emmert San Pablo CA 94806 Susan McKenzie Castaic CA 91384 Deputy Secretary; CNR Castaic CA 91384 Calendar Year (JAN. 1 - DEC. 31) 100 100 100 100 100 100 100

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SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole dollars.	Statement covers period from 01 January 2024	CALIFORNIA 460 FORM 15 Page 11 of 15 1.D. NUMBER 1426236
		through 30 June 2024	Page of	
NAME OF FILER Armitage for	r SCV Water Director 2024	•		
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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)
Henry Knebel Valencia CA 91355	IND COM OTH PTY SCC	Retired	100	100	
Joey (Jillain) Klascius Palmdale CA 93551	ZIND COM OTH PTY	Account Lead; TeamCivX	100	100	
Kipp Mueller 0 CA 91387	☑IND □COM □OTH □PTY □SCC	Attorney; Brent & Fiol LLP	100	100	
Antonella Runkle Valencia CA 91355	IND COM OTH PTY	Self; writer	100	100	
Constance Werthe VALENCIA CA 91355	IND COM	Homemaker	100	100	
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Henry Knebel Valencia CA 91355 Joey (Jillain) Klascius Palmdale CA 93551 Kipp Mueller 0 CA 91387 Antonella Runkle Valencia CA 91355 Constance Werthe	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Henry Knebel Valencia CA 91355 Joey (Jillain) Klascius Palmdale CA 93551 Kipp Mueller 0 CA 91387 Antonella Runkle Valencia CA 91355 Com OTH PTY SCC IND COM OTH PTY SCC Constance Werthe VALENCIA CA 91355	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER) Henry Knebel Valencia CA 91355 Joey (Jillain) Klascius Palmdale CA 93551 Kipp Mueller 0 CA 91387 Antonella Runkle Valencia CA 91355 Constance Werthe VALENCIA CA 91355 CONTRIBUTOR CODE CODE CONTRIBUTOR CODE CODE CODE CONTRIBUTOR CODE CODE CODE CONTRIBUTOR CODE CODE CODE COM COM COTH COM COM COTH COM COM COTH COM COM COTH COM COM COTH COM COM COTH COM COTH COM COTH COTH COTH COTH COTH COTH COTH COTH	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Henry Knebel Valencia CA 91355 Joey (Jillain) Klascius Palmdale CA 93551 Kipp Mueller O CA 91387 Antonella Runkle Valencia CA 91355 Constance Werthe VALENCIA CA 91355 Contributor CODE CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) RECEIVED THIS PERIOD Retired 100 Retired 100 Account Lead; TeamCivX 100 Attomey; Brent & Fiol LLP 100 Self; writer 100 Contributor COM PATRIAME PERIOD RECEIVED THIS PERIOD Account Lead; TeamCivX 100 Attomey; Brent & Fiol LLP Self; writer 100 Contributor COM PATRIAME PERIOD RECEIVED THIS PERIOD Account Lead; TeamCivX 100 Self; writer 100 Contributor COM PATRIAME POTH POTH POTH POTH POTH POTH POTH POT	CONTRIBUTOR CODE * COCUPATION AND EMPLOYER RECEIVED THIS PERIOD (JAN. 1 - DEC. 31) Henry Knebel Valencia CA 91355 Joey (Jillain) Klascius Palmdale CA 93551 Kipp Mueller OCA 91387 Antonella Runkle Valencia CA 91355 Antonella Runkle Valencia CA 91355 Constance Werthe Valencia CA 91355 Contributor CODE * COCUPATION AND EMPLOYER (JENE NAME) of Business) Received This Period CACUPATION AND EMPLOYER (JENE NAME) PERIOD CALENDAR YEAR (JAN. 1 - DEC. 31) Retired 100 100 100 100 100 100 100 1

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	through 30 June 2024 Page 12 of 15	CALIFORNIA 460
		through _30 June 2024	Page 12 of 15
NAME OF FILER			I.D. NUMBER
Armitage for SCV Water Director 2024			1426236

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
Mia Livas Porter Los Angeles CA 90039	IND COM OTH PTY SCC	Policy analyst: LA County	100	100	
Gayle Vogel Saugus CA 91390	IND COM OTH PTY SCC	Retired	100	100	
Sage Rafferty Santa Clarita CA 91350	IND COM	Maintenance Dept. Leader; Pharmavite LLC	100	100	
Alisa Gentry-Reyher Santa Clarita CA 91390	IND COM OTH PTY SCC	Set Medic; self	100	100	
Rebecca Hindman Santa Clarita CA 91350	IND COM	Homemaker	100	100	
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Mia Livas Porter Los Angeles CA 90039 Gayle Vogel Saugus CA 91390 Sage Rafferty Santa Clarita CA 91350 Alisa Gentry-Reyher Santa Clarita CA 91390 Rebecca Hindman	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Mia Livas Porter Los Angeles CA 90039 Gayle Vogel Saugus CA 91390 Saugus CA 91390 Santa Clarita CA 91350 Alisa Gentry-Reyher Santa Clarita CA 91390 Rebecca Hindman CONTRIBUTOR CODE IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Mia Livas Porter Los Angeles CA 90039 Gayle Vogel Saugus CA 91390 Sage Rafferty Santa Clarita CA 91350 Alisa Gentry-Reyher Santa Clarita CA 91390 Rebecca Hindman CONTRIBUTOR CODE CODE CODE (IF SELF-EMPLOYER, ENTER NAME) OF BUSINESS) Policy analyst: LA County Policy analyst: LA County Retired COM COM COM COM COM COM COM COM COM CO	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Mia Livas Porter Los Angeles CA 90039 Gayle Vogel Saugus CA 91390 Saugus CA 91390 Santa Clarita CA 91350 Alisa Gentry-Reyher Santa Clarita CA 91390 Received This Period COM (IF SELF-EMPLOYED, ENTER NAME) PERIOD Policy analyst: LA County Policy analyst: LA County Retired 100 Maintenance Dept. Leader; Pharmavite LLC Alisa Gentry-Reyher Santa Clarita CA 91390 Alisa Gentry-Reyher Santa Clarita CA 91390 Rebecca Hindman Pry SCC Rebecca Hindman Procom OTH OTH Pry SCC Rebecca Hindman Procom OTH	CONTRIBUTOR CODE CONTRIBUTOR CODE CODE CODE CODE CODE CODE COLPATION AND EMPLOYER PERIOD CALENDAR YEAR (JAN 1 - DEC. 31) CALENDAR YEAR (JAN 1 - DEC. 31) CALENDAR YEAR (JAN 1 - DEC. 31) POlicy analyst: LA County Received This PERIOD CALENDAR YEAR (JAN 1 - DEC. 31) 100 100 100 100 Sayle Vogel Saugus CA 91390 Policy analyst: LA County Policy analyst: LA County

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee
SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received				from 01 January 2024 through 30 June 2024		CALIFORNIA 460 FORM of 15			
NAME OF FILER Armitage for SCV Water Director 2024							I.D. NUMBER 1426236		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)		
6/29/24	Barbara Wilson Newhall CA 91321	IND COM OTH PTY	Retired	100	100				
1/9/24	Kathye Armitage Santa Clarita CA 91390	IND COM OTH PTY SCC	Candidate	503	503				
		□IND □COM □OTH □PTY □SCC							
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
			SUBTOTAL	\$ 603					

*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

	FPPC Form 460 (Jan/2016))
FPPC Advice:	advice@fppc.ca.gov (866/275-3772)
	www.fppc.ca.gov

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from 01 January 2024			CALIFORNIA 460		
BEE INSTRUCTIONS ON REVERSE						through 30 June 2024			Page 14 of 15	
IAME OF FILE								1.D. NUME 142623		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
6/29/24	Tiffany Shepis Valencia CA 91354	☑IND □COM □OTH □PTY □SCC	Self-employed; Tiffany Shepis	Theatre tickets for audtion		\$325	825			
		OTH SCC								
		OTH SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	\$				
1. Amount (Include 2. Amount 3. Total no	received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone numerary contributions received this period es 1 and 2. Enter here and on the Summary	tary contributi	ions of less than \$100		\$_	325	OTI	(other the H - Other (e Y - Political	nt Committee nan PTY or SCC) .g., business entity)	

www.fppc.ca.gov

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Armitage for SCV Water Director 2024			Statement covers period from 01 January 2024 through 30 June 2024	CALIFORNIA 4 FORM Page 15 of 15 1.D. NUMBER 1426236	60
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* CODES: If one of the following codes accurately describes the payment, y MBR member cor meetings an OFC office expen petition circl phone bank POL polling and s postage, de	mmunications and appearance uses ulating s survey resear livery and me	98	erwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	costs luction costs id meals and meals s of the same candidate/spo	onsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT F	PAID
Political Data, Inc. Norwalk, CA 90652	LIT	Voter roll data f	or mailing	450	
Stripe , South San Francisco, CA 94080		Credit card fee	s	407	
The UPS Store , Valencia, CA 91354		PO Box rental		336	
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.		SL	BTOTAL \$ 1193	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100					_