9/24/24 (1)

Recipient Committee Campaign Statement Cover Page

COVER PAGE

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CAMPAIGN FINANCE

CALIFORNIA FORM 460

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/24
through 9/21/24

Date of election if applicable:
(Month, Day, Year)
11/5/2024

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: 1465160

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dan Masnada for Water Board 2024

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE
SANTA CLARITA, CA 91355 (661) 510-4688

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
DAN MASNADA

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE
SANTA CLARITA, CA 91355 (661) 510-4688

NAME OF ASSISTANT TREASURER, IF ANY
N/A

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 9/23/24 (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 Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DAN MASNADA

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

DIVISION 1 OF THE SANTA CLARITA VALLEY WATER AGENCY BOARD OF DIRECTORS

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

COURT CLARITA CA 91355

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 7/1/24
through 9/21/24

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAN MASNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 6563.73	$ 8721.96
2. Loans Received	*Schedule B, Line 3*	4700.00	10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 11263.73	$ 18,721.96
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 11263.73	$ 18,721.96

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 9965.54	$ 12,392.69
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 9965.54	$ 12,392.69
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 9965.54	$ 12,392.69

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 4356.08
13. Cash Receipts	*Column A, Line 3 above*	11263.73
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	9965.54
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5654.27

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $ _____

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ _____

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

Statement covers period
from 7/1/24
through 9/21/24

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAN MASNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

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)
7/16/24	BOB STEEHOAN VALENCIA, CA 91355	IND COM OTH PTY SCC	RETIRED	200.00	200.00	
7/30/24	JOHN PRAMIK SANTA CLARITA, CA 91350	IND COM OTH PTY SCC	PRODUCER PRAMIK ENTERTAINMENT	142.73	142.73	
8/5/24	COLE BURR FONTANA, CA 92335	IND COM OTH PTY SCC	PRESIDENT BURRTEC WASTE INDUSTRIES	150.00	150.00	
8/12/24	ROBERT DiPRIMIO OXNARD, CA 93035	IND COM OTH PTY SCC	PRESIDENT SAN GABRIEL WATER CO.	142.73	142.73	
8/13/24	DAVID HOUSTON SACRAMENTO, CA 95821	IND COM OTH PTY SCC	RETIRED	190.40	190.40	

SUBTOTAL $ 825.86

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6236.47
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 427.26
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6663.73

*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 7/1/24
through 9/21/24

CALIFORNIA FORM 460

NAME OF FILER
DAN MASNADA FOR WATER BOARD 2024

I.D. NUMBER
1456760

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)
8/14/24	ALMA TERRANOVA SANTA CLARITA, CA 91355	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	142.73	142.73	
8/15/24	FRED ANTARIAN #B434 LAGUNA HILLS, CA 92653	☑ IND ☑ COM (CWA) ☐ OTH ☐ PTY ☐ SCC	RETIRED	1000.00	1000.00 NOTE: ALSO REPORTED ON FORM 497 DATED 8/16/24	
8/15/24	KEN COOPER SAUGUS, CA 91350	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SENIOR DIRECTOR OF ENGINEERING MEDTRONIC DIABETES	200.00	200.00	
8/15/24	TOM CAMPBELL OXNARD, CA 93035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CIVIL ENGINEER METROPOLITAN WATER DISTRICT OF SO. CA.	150.00	150.00	
8/15/24	JASON GIBBS FOR CITY COUNCIL 2024 SANTA CLARITA, CA 91350 ID#1456775	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	COUNCILMEMBER CITY OF SANTA CLARITA	750.00	750.00	
			SUBTOTAL $	2242.73		

*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 7/1/24
through 9/21/24

CALIFORNIA FORM 460

NAME OF FILER
DAN MASNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

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)
8/15/24	BILL THOMPSON VALENCIA, CA 91355	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY THOMPSON DANIELIAN	300.00	300.00 LAW OFFICES OF BILL J. THOMPSON	
8/15/24	ROBERT KELLAR SANTA CLARITA, CA 91387	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	150.00	150.00	
8/15/24	DENISE LITE SANTA CLARITA, CA 91350	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LAWYER DACORSI PLACENCIO	190.40	190.40	
8/16/24	STUART EIGLER POST FALLS, ID 83854	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CONSULTANT STUART A. EIGLER, CPA	142.73	142.73	
8/16/24	PIOTR ORZECHOWSKI SAUGUS, CA 91350	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SENIOR MANAGER, FUEL & ENERGY PRINCESS CRUISES	100.00	100.00	
			SUBTOTAL $	883.13		

*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 7/1/24
through 9/21/24

CALIFORNIA FORM 460

NAME OF FILER
DAN MASNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

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)
8/16/24	JEFF FORD NEWHALL, CA 91321	IND	RETIRED	~~250.00~~ DAM 150.00	~~250.00~~ DAM 150.00	
8/30/24	WILK FOR LT. GOVERNOR-6 HILMAR, CA 95324 ID #1435661	COM	STATE SENATOR (CALIF)	249.00	249.00	
8/31/24	ALLEN HOHNROTH SANTA CLARITA, CA 91355	IND	RETIRED	500.00	500.00	
9/3/24	JEFF SERATTI SANTA CLARITA, CA 91387	IND	BROADCASTER IN KHTS RADIO	285.75	285.75	
9/11/24	LA/OC BUILDING & CONSTRUCTION TRADES LOS ANGELES, CA 90026 ID #~~1465160~~ 822029 DAM	COM	(PAC)	1000.00	1000.00	
			SUBTOTAL $ ~~2284.75~~ 2184.75 DAM			

NOTE: ALSO REPORTED ON FORM 497 9/11/24

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/24
through 9/21/24

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAN MATSNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
DAN MATSNADA SANTA CLARITA CA 91355 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$ 600	$ 0	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 600 — DATE DUE	— % RATE $ 6	$ 600 7/10/23 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
DAN MATSNADA (SAME) † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 2000	$ 0	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 2000 — DATE DUE	— % RATE $ 0	$ 2000 11/17/23 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
DAN MATSNADA (SAME) † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 2700	$ 0	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 2700 — DATE DUE	— % RATE $ 0	$ 2700 3/18/24 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
	SUBTOTALS	$ 0	$	$ 5300	$ 0 (Enter (e) on Schedule E, Line 3)			

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 0
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

SCHEDULE B - PART 1

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/24
through 9/21/24

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAN MASNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
DAN MASNADA SANTA CLARITA, CA 91355 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	DMM $ 0 ~~4700~~	$ 4700	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 4700 DATE DUE	____ % RATE $ 0	$ 4700 9/9/24 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS	$ 4700	$ 0	$ 4700	$ 0		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 4700
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 4700
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

SCHEDULE E

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/24
through 9/21/24

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAN NASNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

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
LOS ANGELES COUNTY REGISTRAR / RECORDER NORWALK, CA	FILE	CANDIDATE STATEMENT	2200.00
THE WATTERS GROUP SANTA CLARITA, CA 91387	CMP	STREET BANNERS, YARD SIGNS AND PALM CARDS	818.52
SALT CREEK GRILLE VALENCIA, CA 91355	FND	ROOM FEE & APPETIZER PACKAGE	680.36

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

SUBTOTAL $ 3698.88

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	9891.58
2. Unitemized payments made this period of under $100	$	73.96
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**	$	9965.54

SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/24
through 9/21/24

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAN MASNADA FOR WATER BOARD 2024

I.D. NUMBER
1465160

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
THE WATTERS GROUP SANTA CLARITA, CA 91387	CNS	CAMPAIGN MANAGEMENT PAYMENT #4	1125.00
THE WATTERS GROUP SANTA CLARITA, CA 91387	LIT	MAILERS & DOOR HANGERS	5067.70

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

SUBTOTAL $ 6192.70