497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Schroeder for SCV Water Agency District 3 2024				Date of This Filing09/19/2024			Date Stamp	CALIFO		7
AREA CODE/PHONE NUMBER (661) 418 – 7111 STREET ADDRESS CITY STATE		I.D. NUMBER (if applicable)		Report No. 01	nt		E-Filed 09/19/2024 13:47:12 Filing ID: 212117612	For	Official Use Only	
		ZIP CODE (explain below) No. of Pages		1						
Santa Clarita		CA	91321							
1. Contribut	ion(s) Received									
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AI	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMOUNT RECEIVED		
09/18/2024	Bill Cooper Valencia, CA 9135!	5				N/A N/A			2,000.	%
09/19/2024	Dan Faina Valencia, CA 91354	4				N/A N/A			Provide interest rat 1,000. Check if Loan Provide interest rat	00
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ Check if Loan	% te
Reason for Ame	ndment:					_	*Contributor Codes IND – Individual COM – Recipient Coo OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness ent	ty))