**Recipient Committee** CALIFORNIA **Campaign Statement** FORM **Cover Page** Date of election if applicable: Statement covers period 2024 FEB 14 PM 3: 08 (Month, Day, Year) 07/01/2023 6 68983 CAMPAIGN FINANCE 12/31/2023 SEE INSTRUCTIONS ON REVERSE through. 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ☐ Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled O Recall **Termination Statement** (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1292288 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Connie Spears Agua Dulce Citizens for Open Government MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY. ZIP CODE AREA CODE/PHONE Sylmar CA 91342 818-364-1611 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE 91342 818-364-1611 Sylmar CA MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY CITY ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 Executed on \_ Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

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COVER PAGE

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

Summary Fage		from .	07/01/2023	FORM 40U	
SEE INSTRUCTIONS ON REVERSE		throu	gh12/31/2023	Page2 of2	
NAME OF FILER Agua Dulce Ciizens for Open Government	,			I.D. NUMBER 1292288	
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1. Monetary Contributions	\$ <u>0</u>	\$ 850.00 \$ 850.00 \$ 850.00 \$ 850.00	20. Contributions Received \$	hrough 6/30 7/1 to Date \$\$	
Expenditures Made  6. Payments Made	\$ 0 0 0 0	\$ 850.00 \$ 850.00 \$ 0 \$ 850.00	22. Cumulati (If Subject to Date of Election (mm/dd/yy)	Summary for State  ve Expenditures Made*  o Voluntary Expenditure Limit)  Total to Date  \$	
Current Cash Statement  12. Beginning Cash Balance	\$ 0 \$ 279.11 \$ 0	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 penod amounts, this is the first report being filed for this calendar year only carry over the amour from Lines 2, 7, and 9 (if any).	reported in Column B.	FPPC Form 460 (Jan/2016)	
		ı	FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	