

**Recipient Committee  
Campaign Statement  
Cover Page**

1/26/21 F.E.

2020-3  
COVER PAGE

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CAMPAIGN FINANCE

CALIFORNIA FORM **460**  
Page 1 of 8  
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020976  
C11457

Statement covers period  
from 10-18-20  
through 12-31-20

Date of election if applicable:  
(Month, Day, Year) 2021  
11-3-2000

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**

- 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:**

- 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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Matthew Watson for Saugus Union School District 2020

STREET ADDRESS (NO P.O. BOX)

|               |       |          |                 |
|---------------|-------|----------|-----------------|
| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Clarita | Ca    | 91350    | 661-212-2598    |

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

|          |       |          |                 |
|----------|-------|----------|-----------------|
| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
| Valencia | Ca    | 91354    | 661-297-3214    |

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Elizabeth HOPP

MAILING ADDRESS

|          |       |          |                 |
|----------|-------|----------|-----------------|
| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
| Valencia | Ca    | 91354    | 661-297-3214    |

NAME OF ASSISTANT TREASURER, IF ANY

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

Executed on 1-26-21  
Date

By \_\_\_\_\_  
urer

Executed on 1-26-21  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

tm

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Matthew Watson**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Saugus Union School District Board of Trustees Area 4**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**Santa Clarita Ca 9135011**

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>10-18-20</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12-31-20</u>                         |                                |
| Page <u>3</u> of <u>7</u>                       | I.D. NUMBER<br><u>1431362</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MATTHEW WATSON

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <u>1944</u>   | \$ _____                                   |
| 2. Loans Received..... Schedule B, Line 3            | <u>0</u>   | _____                                      |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>1944</u>   | \$ _____                                   |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | _____  | _____                                      |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>1944</u>   | \$ _____                                   |

## 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      | \$ _____         | \$ _____    |

## Expenditures Made

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>1116</u>   | \$ _____                                   |
| 7. Loans Made..... Schedule H, Line 3                      | _____  | _____                                      |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>1116</u>   | \$ _____                                   |
| 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      | \$ <u>1116</u>   | \$ _____                                   |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*           |               |  |
|---|---------------|--|
| (If Subject to Voluntary Expenditure Limit) |               |  |
| Date of Election<br>(mm/dd/yy)              | Total to Date |  |
| ____/____/____                              | \$ _____      |  |
| ____/____/____                              | \$ _____      |  |

## Current Cash Statement

|  |               |
|--|---------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ <u>571</u> |
| 13. Cash Receipts..... Column A, Line 3 above                              | <u>1944</u>   |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | _____         |
| 15. Cash Payments..... Column A, Line 8 above                              | <u>1116</u>   |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u>   |

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).

\*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 10-18-20  
through 12-31-20

CALIFORNIA **460**  
FORM  
Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Matthew Watson**

I.D. NUMBER  
**1431362**

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| 10-20-20      | Wilk for Senate 2020<br>FPPC ID#1392822<br><br>San Diego, CA 92110                              | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | 250                         | 250  |                                       |
| 10-21-20      | Paul de la Cerda<br><br>Valencia, CA 91354  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            | Dean of Student Advancement, East LA College  | 100                         | 100  |                                       |
| 10-24-20      | Jeri Seratti<br><br>Santa Clarita, CA 91387   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            | Owner, radio station KHTS   | 250                         | 250  |                                       |
| 10-30-20      | Building Industry Assoc. of So. Cal. PAC<br>ID#741733<br><br>Los Angeles, CA 90071              | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500                         | 500  |                                       |
| 11-2-20       | Constellation Road No 360 LLC<br><br>Santa Clarita, CA 91355                                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | 250                         | 250  |                                       |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1750
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 294
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 1944

\*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<br>from <u>10-18-20</u><br>through <u>12-31-20</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>8</u>  |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Matthew Watson</b> | I.D. NUMBER<br><b>1431362</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 11-5-20            | James Backer<br><br>Valencia, CA 91355  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner, JSB Development   | 150                         | 150  |                                       |
| 11-13-20           | The Newhall Land and Farming Company<br><br>Valencia, CA. 91355                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250                         | 250  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |  |                             |  |                                       |

\*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<br>from <u>10-18-20</u><br>through <u>12-31-20</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>6</u> of <u>8</u>  |
| I.D. NUMBER<br><b>1431362</b>  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Watson

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN          | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|---|---|--|------------------------------------|--|--|----------------------------------|---|---|
| Matthew Watson<br><br>Santa Clarita, CA 91350<br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Educator, iLead Schools   | \$ 0   | \$ 798                             | <input type="checkbox"/> PAID<br>\$ 798<br><input type="checkbox"/> FORGIVEN<br>\$ _____   | \$ 0<br><br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | \$ 798<br><br>10-31-20<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1498<br>PER ELECTION**<br>\$ 1498   |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED           | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED           | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>  |   | \$ 798   | \$ 798                             | \$ _____   | \$ _____   | \$ _____                         |   |   |

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

**Schedule B Summary**

- Loans received this period ..... \$ 798  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 798  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- 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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

|  |   |
|--|---|
| Statement covers period<br>from <u>10-18-20</u><br>through <u>12-31-20</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>7</u> of <u>8</u> |
| I.D. NUMBER<br><b>1431362</b>  |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Watson

| DATE                   | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10-25-20               | Tony Watson 4 COC Board of Directors  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 600                | 600   |                                    |
|                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                        |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                        |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$ 600</b> |   |  |                           |                    |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 600
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL.. \$ 600**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10-18-20</u><br>through <u>12-31-20</u> | <b>CALIFORNIA FORM 460</b>    |
|  | Page <u>8</u> of <u>8</u>     |
|  | I.D. NUMBER<br><b>1431362</b> |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Matthew Watson

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|---|---------|----------------------------|-------------|
| WSI Internet<br>Valencia, CA 91355                                  | WEB     |                            | 500         |
| Embassy Suites<br>Valencia, CA 91355                                | CMP     | Election night watch party | 173         |
| Elizabeth Hopp<br>Valencia, CA 91354                                | CNS     |                            | 301         |

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

**SUBTOTAL \$ 974**

**Schedule E Summary**

|   |                      |
|---|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ 974               |
| 2. Unitemized payments made this period of under \$100.....   | \$ 142               |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$ _____             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL \$ 1116</b> |



1/26/21 F.E.

Statement of Organization Recipient Committee

Statement Type

|  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Initial                       | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination - See Part 5 |
| <input type="radio"/> Not yet qualified or             | Date qualification threshold met   | Date of termination  |
| <input type="radio"/> Date qualification threshold met | ____/____/____                     | 12 / 31 / 20   |

Date Stamp  
**RECEIVED BY**  
 LOS ANGELES COUNTY  
 2021 JAN 29 PM 2:09  
 CAMPAIGN FINANCE

**CALIFORNIA FORM 410**  
 For Official Use Only  
 020976  
 C11457

| 1. Committee Information  |       |  |                 | 2. Treasurer and Other Principal Officers |       |          |                 |
|---|-------|--|-----------------|---|-------|----------|-----------------|
| I.D. Number (if applicable) 1431362   |       |  |                 | NAME OF TREASURER                         |       |          |                 |
| NAME OF COMMITTEE   |       |  |                 | Elizabeth Hopp                            |       |          |                 |
| Matthew Watson for Saugus Union School District                             |       |  |                 | STREET ADDRESS (NO P.O. BOX)              |       |          |                 |
| STREET ADDRESS (NO P.O. BOX)  |       |  |                 | CITY                                      | STATE | ZIP CODE | AREA CODE/PHONE |
|   |       |  |                 | Valencia                                  | CA    | 91354    | 661-297-3214    |
| CITY  | STATE | ZIP CODE                               | AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY       |       |          |                 |
| Santa Clarita   | Ca    | 91350                                  | 661-212-2598    |   |       |          |                 |
| FULL MAILING ADDRESS (IF DIFFERENT)   |       |  |                 | STREET ADDRESS (NO P.O. BOX)              |       |          |                 |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)                                  |       |  |                 | CITY                                      | STATE | ZIP CODE | AREA CODE/PHONE |
| ehopp@sbcglobal.net   |       |  |                 |   |       |          |                 |
| COUNTY OF DOMICILE  |       | JURISDICTION WHERE COMMITTEE IS ACTIVE |                 | NAME OF PRINCIPAL OFFICER(S)              |       |          |                 |
| Los Angeles   |       | Los Angeles                            |                 |   |       |          |                 |
| Attach additional information on appropriately labeled continuation sheets. |       |  |                 | STREET ADDRESS (NO P.O. BOX)              |       |          |                 |
|   |       |  |                 | CITY                                      | STATE | ZIP CODE | AREA CODE/PHONE |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is correct.

|             |         |    |  |
|-------------|---------|----|--|
| Executed on | 1-26-21 | By | _____  |
|             | DATE    |    | URER OR ASSISTANT TREASURER  |
| Executed on | 1-26-21 | By | _____  |
|             | DATE    |    | LEADER, CANDIDATE, OR STATE MEASURE PROPONENT                                |
| Executed on | _____   | By | _____  |
|             | DATE    |    | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | _____   | By | _____  |
|             | DATE    |    | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

twm