

Recipient Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

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7/21/21
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CAMPAIN FINANCE

SHORT FORM

CALIFORNIA
FORM **450**

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For Official Use Only

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 1/1/2021
through 6/30/2021

Date of election if applicable
(Month, Day, Year)

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1363932

COMMITTEE NAME
CALIFORNIA ASSOCIATION OF MUTUAL WATER COMPANIES POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SACRAMENTO CA 95814 (916) 930-7716

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(916) 442-0382 / kroberts@nossaman.com

Treasurer(s)

NAME OF TREASURER
karen Roberts

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 442-8888

NAME OF ASSISTANT TREASURER, IF ANY
Dawn Huck

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 442-8888

OPTIONAL: FAX / E-MAIL ADDRESS
Treasurer: (916) 442-0382 / kroberts@nossaman.com
Assistant Treasurer: (916) 442-0382 / dhuck@nossaman.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge 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 7/7/2021
DATE
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By _____
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Recipient Committee Campaign Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1/1/2021</u>	CALIFORNIA FORM 450
through <u>6/30/2021</u>	
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NAME OF COMMITTEE
CALIFORNIA ASSOCIATION OF MUTUAL WATER COMPANIES POLITICAL ACTION COMMITTEE

I.D. NUMBER
1363932

Expenditures Made

1. Expenditures of \$100 or more made this period	\$862.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$862.00
4. Nonmonetary Adjustment	\$0.00
5. Total expenditures made from previous statement	\$0.00
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	\$862.00

Contributions Received

7. Monetary contributions received this period	\$0.00
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement	\$0.00
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$0.00

Current Cash Statement

11. Beginning cash balance	\$23,417.74
12. Cash receipts this period	\$0.00
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period	\$862.00
15. ENDING CASH BALANCE THIS PERIOD	\$22,555.74

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NAME OF COMMITTEE
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5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
2/12/2021	Nossaman LLP Sacramento, CA 95814	Services and costs		\$862.00	Calendar Year \$862.00 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					Calendar Year
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					Calendar Year
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.