

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

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.

7/18/23 (1)

SHORT FORM

Date Stamp  
 RECEIVED BY  
 ANGELES COUNTY  
 2023 JUL 24 PM 2:10  
 CAMPAIGN FINANCE  
 DISCLOSURE SECTION

CALIFORNIA FORM **450**  
 Page 1 of 3  
 For Official Use Only

Statement covers period  
 from 01/01/2023  
 through 06/30/2023

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

## 1. Type of Recipient Committee:

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

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

## 3. Committee Information

I.D. NUMBER  
1220370

COMMITTEE NAME  
Consumers for Clean Water PAC

STREET ADDRESS (NO P.O. BOX)

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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS  
(916) 442-0382 / kroberts@nossaman.com

## Treasurer(s)

NAME OF TREASURER  
Karen L. Roberts

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

Dawn E. Huck  
 MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS  
dhuck@nossaman.com

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the under penalty of perjury under the laws of the State of California that the foregoing is true

n is true and complete. I certify

Executed on 7/3/2023  
 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**

Amounts may be rounded  
to whole dollars.

Statement covers period	
from	1/1/2023
through	6/30/2023

SHORT FORM

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I.D. NUMBER	
1220370	

NAME OF COMMITTEE  
Consumers for Clean Water PAC

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	811.00
2. Expenditures under \$100 made this period (Not itemized.) .....		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$	811.00
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>		0.00
5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	811.00

**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 ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	0.00

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	17,278.10
12. Cash receipts this period ..... <i>Line 7 above</i>		0.00
13. Miscellaneous increases to cash .....	\$	0.00
14. Cash expenditures this period ..... <i>Line 3 above</i>		811.00
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	16,467.10

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FORM 450**

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1220370

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NAME OF COMMITTEE  
Consumers for Clean Water PAC

**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*
2/17/2023	Nossaman LLP Los Angeles, CA 90017	Professional fees and costs		811.00	Calendar Year \$ <u>811.00</u> Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
					Calendar Year \$ _____ Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
					Calendar Year \$ _____ Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
<b>SUBTOTAL</b>				<b>\$ 811.00</b>	

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