

7/24/22 (V)

ORIGINAL Type or print in ink.

Recipient Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

SHORT-FORM

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 25 PM 3:00 CALIFORNIA FORM 450 Page 1 of 4 For Official Use Only CAMPAIGN FINANCE

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 1/1/2022 through 6/30/2022

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

1. Type of Recipient Committee:

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

2. Type of Statement:

- Preelection Statement, Semi-annual Statement, Termination Statement, Amendment (Explain), 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 SACRAMENTO STATE CA ZIP CODE 95814 AREA CODE/PHONE (916) 442-8888

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

NAME OF ASSISTANT TREASURER, IF ANY Dawn Huck

MAILING ADDRESS

CITY Sacramento STATE CA ZIP CODE 95814 AREA CODE/PHONE (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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I complete. I certify

Executed on 7/18/2022 DATE Executed on DATE Executed on DATE Executed on DATE

By SIGNATURE OF TREASURER OR ASSISTANT TREASURER By SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR By SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT By SIGNATURE OF CONTROLLING OFFICERHOLDER, 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>1/1/2022</u> through <u>6/30/2022</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>4</u>

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	\$12,198.54
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$12,198.54
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	\$12,198.54

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	\$29,262.49
12. Cash receipts this period	\$0.00
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period	\$12,198.54
15. ENDING CASH BALANCE THIS PERIOD	\$17,063.95

Recipient Committee Campaign Statement - Short Form

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

SHORT FORM

Statement covers period from <u>1/1/2022</u> through <u>6/30/2022</u>	CALIFORNIA FORM 450
	Page <u>3</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
CALIFORNIA ASSOCIATION OF MUTUAL WATER COMPANIES POLITICAL ACTION COMMITTEE

I.D. NUMBER
1363932

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*
2/7/2022	Nossaman LLP Sacramento, CA 95814	Professional services and costs		\$898.54	Calendar Year \$898.54 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
6/8/2022	Eduardo Garcia for State Assembly Coachella, CA 92236 COMMITTEE ID: 1435183	Contribution	Candidate: Eduardo Garcia Race: State Assembly District 36 Jurisdiction: State Assembly District	\$4,900.00	Calendar Year \$4,900.00 Other 2022 P: \$4,900.00
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			<input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
6/8/2022	Sharon Quirk-Silva for Assembly Fullerton, CA 92835 COMMITTEE ID: 1434995	Contribution	Candidate: Sharon Quick-Silva Race: State Assembly District 67 Jurisdiction: State Assembly District	\$4,900.00	Calendar Year \$4,900.00 Other 2022 P: \$4,900.00
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			<input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

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

Recipient Committee Campaign Statement - Short Form

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

SHORT FORM

Statement covers period from <u>1/1/2022</u> through <u>6/30/2022</u>	CALIFORNIA FORM 450
	Page <u>4</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE
CALIFORNIA ASSOCIATION OF MUTUAL WATER COMPANIES POLITICAL ACTION COMMITTEE

I.D. NUMBER
1363932

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*
6/8/2022	Elizabeth Alcantar for Assembly 2022 Norwalk, CA 90650 COMMITTEE ID: 1443873	Contribution	Candidate: Elizabeth Alcantar Race: State Assembly District 64 Jurisdiction: State Assembly District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$1,000.00	Calendar Year \$1,000.00 Other 2022 P: \$1,000.00
6/8/2022	Tim Robertson for Senate 2022 Sacramento, CA 95841 COMMITTEE ID: 1444255	Contribution	Candidate: Tim Robertson Race: State Senator District 4 Jurisdiction: State Senate District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$500.00	Calendar Year \$500.00 Other 2022 P: \$500.00
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year Other
SUBTOTAL \$					

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