

**Recipient Committee
Campaign Statement
Cover Page**

For Official Use Only

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 JAN 31 PM 2:34
CAMPAIGN FINANCE

Statement covers period
from 01/01/2023
through 06/30/23

Date of election if applicable:
(Month, Day, Year)
11/08/2022

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)
Changes to reflect revised schedule B format from earlier statements after audit.
 - Quarterly Statement
 - Special Odd-Year Report
- Only revised pages are attached.

3. Committee Information

I.D. NUMBER
1425379

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Gutzeit for Santa Clarita Valley Water Agency 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Newhall</u>	<u>CA</u>	<u>91321</u>	<u>661-670-0332</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Maria Gutzeit

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

<u>Newhall</u>	<u>CA</u>	<u>91321</u>	<u>661-670-0332</u>
----------------	-----------	--------------	---------------------

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

ched schedules is true and complete. I

Executed on 1-28-24
Date

By _____

Executed on 1-28-24
Date

By _____
Signature of Controlling Officer

or of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>01/01/2023</u> through <u>06/31/2023</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gutzeit for Santa Clarita Valley Water Agency 2022	I.D. NUMBER 1425379
--	-------------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD.	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Maria A. Gutzeit Newhall, CA 91321 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Self Employed DBA Compliance Plus	\$ 5000	\$ 0	<input checked="" type="checkbox"/> PAID \$ 5000 <input type="checkbox"/> FORGIVEN \$ 0	\$ 0 n/a DATE DUE	0 % RATE \$ 0	\$ 5000 1/25/21 DATE INCURRED	CALENDAR YEAR \$ 5000 0 PER ELECTION** \$
Maria A. Gutzeit Newhall, CA 91321 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Self Employed DBA Compliance Plus	\$ 5000	\$ 0	<input checked="" type="checkbox"/> PAID \$ 5000 <input type="checkbox"/> FORGIVEN \$ 0	\$ 0 n/a DATE DUE	0 % RATE \$ 0	\$ 5000 8/9/22 DATE INCURRED	CALENDAR YEAR \$ 5000 0 PER ELECTION** \$
Maria A. Gutzeit Newhall, CA 91321 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Self Employed DBA Compliance Plus	\$ 10,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 10,000 n/a DATE DUE	0 % RATE \$ 0	\$ 10,000 11/1/22 DATE INCURRED	CALENDAR YEAR \$ 10,000 0 PER ELECTION** \$
SUBTOTALS \$				\$ 10,000	\$ 10,000	\$ 0		

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

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$ 0
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$ 10,000
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$ -10,000

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.