Recipi	ent	Con	ımit	tee
Camp				
Cover	Pag	е		

(1) 01/29/2024	COVER PAGE
Date Stamp	CALIFORNIA 460
FECEIVED BY NGELES COUNTY	Page _1 of
024 JAN 31 PH 2: 34	For Official Use Only
TAMPAIGH FINANCE	

Cover Page		FECEI'	VED BY	
	Statement covers period from 09/25/2022	Date of election if applicable: A MGEL (Month, Day, Year)	.ES COUNTY PH 2: 34	Page 1 of 9
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/08/2022	N FINANCE	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Terminatio ☑ Amendment (Explain below) Amended to address audit comment	☐ Speci	terly Statement ial Odd-Year Report es are included.
D. C.	D. NUMBER	Transverses	<u>-</u>	 ,
3. Committee information	1425379	Treasurer(s)		
Gutzeit for Santa Clarita Valley Water Ag	gency 2022	NAME OF TREASURER Maria Gutzeit MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
		Newhall	CA 91321	1 661-670-0332
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF AN	ίΥ	
Newhall CA 9132* MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS	*******	
MALENO ADDITECTOR DE L'ALTERNATION AND OTTELLE ON ELO, DO	•	MAIEMO ADDRESO		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 1-28-24 Date	By	corri oiling ignature of Controlling Officeholder, Candidate, State Measi	Officer of Sponsoure Proponent	
Date .	S	ignature of Controlling Officeholder, Candidate, State Measi	ure Proponent	

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** from 09/25//2022 **FORM** through _____10/22//2022 Page __3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gutzeit for Santa Clarita Valley Water Agency 2022 1425379 **Calendar Year Summary for Candidates** Column A Column B Contributions Received **CALENDAR YEAR** TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 32,525 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 10.000 20. Contributions 8150 42,525 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 2805 Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made 8150 45,330 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 24,701.62 37,115.01 **Candidates** 6. Payments Made...... Schedule E, Line 4 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made* 37,115.01 24,701.62 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 11,103.75 12.642.44 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 2805 10. Nonmonetary Adjustment...... Schedule C, Line 3 52,562.45 35805.37 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 23,159.52 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 8150 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 24,701.62 amounts in Column A may 6607.90 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 22,642.44 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

0-11 1 -	Amounts may be rounded to whole dollars.			SCHEDULE B PART 1				
Schedule B – Part 1				Statement covers period		CALIFORNIA 460		
Loans Received				İ	from <u>09/25/2022</u>		FORM	400
SEE INSTRUCTIONS ON REVERSE					through 10/22/202	22	Page 6	of <u>9</u>
NAME OF FILER							I.D. NUMBER	
Gutzeit for Santa Clarita Valley Wa	ter Agency 2022						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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Maria A. Gutzeit	Engineer, Self Employed DBA Compliance Plus			S O	s <u>5000</u>	0%	s_5000	S 5000 O M
Newhall, CA 91321		5000	0	FORGIVEN	n/a	RATE	1/25/21	PER ELECTION**
IND COM OTH PTY SCC		\$	s	5	DATE DUE	,	DATE INCURRED	\$
Maria A. Gutzeit	Engineer, Self Employed DBA			PAID s	s 5000	0%	s_5000	S 5000
Newhall, CA 91321	Compliance Plus	5000	0	FORGIVEN 0	n/a	RATE	8/9/22	PER ELECTION**
™ IND □ COM □ OTH □ PTY □ SCC		s	s		DATE DUE		DATE INCURRED	3
				☐ PAID				CALENDAR YEAR
				\$	_ s	%	s	s
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$; 0 ;	, 0	\$ 10,000	\$ 0		an Yan
Schedule B Summary						(Enter (e) on Sched	ule E, Line 3) .	
Loans received this period		<i></i>		s <u>0</u>				
(Total Column (b) plus unitemized loar	ns of less than \$100.)			0	_	(+/	Contributor Codes	
Loans paid or forgiven this period		······································	\$ 0		IN	D - Indívidual		
(Include loans paid by a third party that are also itemized on Schedule A.)				C	OM – Recipient C other than	PTY or SCC)		
3. Net change this period. (Subtract Line 2 from Line 1.)				.NET \$		P.	TH – Other (e.g., TY – Political Par	business entity)
				(May be a negative number)			

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

FPPC Form 460 (Jan/2016))
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