

1/24/23 ①

05218

Recipient Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

SHORT FORM

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
JAN 26 PM 3:08
CAMPAIGN FINANCE

CALIFORNIA FORM 450

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For Official Use Only

G 06808

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 10/23/2022
through 12/31/2022

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:

- 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
1220370

COMMITTEE NAME
CONSUMERS FOR CLEAN WATER PAC

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

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 state under penalty of perjury under the laws of the State of California that the

etc. I certify

Executed on 1/10/2023
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

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.

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	SHORT FORM CALIFORNIA FORM 450
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NAME OF COMMITTEE
CONSUMERS FOR CLEAN WATER PAC

I.D. NUMBER
1220370

Expenditures Made

1. Expenditures of \$100 or more made this period	\$1,125.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$1,125.00
4. Nonmonetary Adjustment	\$0.00
5. Total expenditures made from previous statement	\$15,901.08
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	\$17,026.08

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	\$8,100.00
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$8,100.00

Current Cash Statement

11. Beginning cash balance	\$18,403.10
12. Cash receipts this period	\$0.00
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period	\$1,125.00
15. ENDING CASH BALANCE THIS PERIOD	\$17,278.10

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NAME OF COMMITTEE
CONSUMERS FOR CLEAN WATER PAC

I.D. NUMBER
1220370

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*
11/15/2022	Nossaman LLP Sacramento, CA 95814	Professional services and costs		\$1,125.00	Calendar Year \$3,526.08
			<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.		
					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.