

**Recipient Committee
Campaign Statement
Cover Page**

0218-1 405

10/27/22 PM COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2022
through 9/24/2022

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

11/8/2022

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CAMPAIGN FINANCE

CALIFORNIA FORM **460**

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021498

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)
corrected computational error on summary sheet and donor name on schedule A
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1452086

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Dirk Marks for Water Board 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Valencia CA 91354 (661) 360-9626

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

dsmarks@earthlink.net

Treasurer(s)

NAME OF TREASURER

Dirk Marks

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Valencia CA 91354 (661) 360-9626

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

dsmarks@earthlink.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing

Executed on 10/26/22 By _____ Assistant Treasurer
 Executed on 10/26/22 By _____ Signature Proponent or Responsible Officer of Sponsor
 Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Dirk Marks

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Santa Clarita Valley Water Agency Director, Division 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Valencia CA 91354

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/01/2022</u> through <u>9/24/2022</u>	CALIFORNIA FORM 460
	Page <u>1</u> of <u>1</u>
	I.D. NUMBER 1452086

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dirk Marks for Water Board 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 10,800	\$ 10,800 ⁹⁰⁰ 10,800 <i>DSM</i>
2. Loans Received..... Schedule B, Line 3	9,000	9,000
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 19,800	\$ 19,800 ⁹⁰⁰ <i>19,800 DSM</i>
4. Nonmonetary Contributions..... Schedule C, Line 3	--	--
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 19,800	\$ 19,800 ⁹⁰⁰ <i>19,800 DSM</i>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ 4,487.24	\$ 4,487.24
7. Loans Made..... Schedule H, Line 3	--	--
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 4,487.24	\$ 4,487.24
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	--	--
10. Nonmonetary Adjustment..... Schedule C, Line 3	--	--
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 4,487.24	\$ 4,487.24

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0 <i>DSM</i>
13. Cash Receipts..... Column A, Line 3 above	19,800 ⁹⁰⁰ <i>19,800</i>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	--
15. Cash Payments..... Column A, Line 8 above	4,487.24
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 15,312.76
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ --

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 9,000 ^{9,000} <i>DSM</i>

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/01/2022
through 9/24/2022

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dirk Marks for Water Board 2022

I.D. NUMBER
1452086

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2022	Jack Marks Santa Clarita CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Maintenance Supervisor -none-	500	500	
8/31/2022 and 9/14/2000	Bill Cooper for Water Board CID 960877 Valencia CA 91355-2001	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,700	4,700	
9/9/2022	LA Railroad 1393 Alanta, GA 30316	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000	1,000	
9/16/2000	Glenn Adamick Santa Clarita, CA 91355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President P - RT Real Estate Corporation	1,000	1,000	
9/17/2022	Waste Connections The Woodlands, TX 77380	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000	1,000	

SUBTOTAL \$ 9,200

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,750
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 10,800

*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