

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

2/21/24 (1)

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COVER PAGE

Date Stamp REC LOS ANI	CALIFORNIA FORM <b>460</b>
2024 FEB 23 AM 11:12	Page AM 11:12 8
CAMPAIGN FINANCE	For Official Use Only 011343

<b>Statement covers period</b>	<b>Date of election if applicable:</b> (Month, Day, Year)
from 01/01/2024	
through 02/17/2024	

SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</b></p> <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee  <input type="radio"/> State Candidate Election Committee  <input type="radio"/> Recall  <i>(Also Complete Part 5)</i></p> <p><input checked="" type="checkbox"/> General Purpose Committee  <input checked="" type="radio"/> Sponsored  <input type="radio"/> Small Contributor Committee  <input type="radio"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee  <input type="radio"/> Controlled  <input type="radio"/> Sponsored  <i>(Also Complete Part 6)</i></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee  <i>(Also Complete Part 7)</i></p>	<p><b>2. Type of Statement:</b></p> <p><input checked="" type="checkbox"/> Preelection Statement  <input type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <i>(Also file a Form 410 Termination)</i>  <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report  <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p>
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<p><b>3. Committee Information</b></p> <p>I.D. NUMBER 1363932</p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (916) 442-8888</p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS (916) 442-0382 / krober@nossaman.com</p>	<p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER Karen Roberts</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (916) 930-7716</p> <p>NAME OF ASSISTANT TREASURER, IF ANY Dawn Huck</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (916) 442-8888</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>
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**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the for

Executed on 02/19/2024 Date	_____ Signature of Treasurer or Assistant Treasurer
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer 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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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

**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?

YES  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?

YES  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

SUPPORT  
 OPPOSE

**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

**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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	02/17/2024	Page <u>3</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.		1363932

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 0.00

**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	\$ 11,964.75	\$ 11,964.75
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 11,964.75	\$ 11,964.75
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-247.50	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 11,717.25	\$ 11,964.75

**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	\$ 33,001.70
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	11,964.75
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 21,036.95

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

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.

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	02/17/2024	Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.

I.D. NUMBER

1363932

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/05/2024	Celeste Rodriguez State Assembly Person State Assembly District 43	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	P2024 \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/05/2024	Joey Acuna State Assembly Person State Assembly District 36	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5,500.00	5,500.00	P2024 \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/05/2024	Nick Schultz State Assembly Person State Assembly District 44	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	P2024 \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				7,500.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 10,250.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 10,250.00**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	02/17/2024	Page <u>5</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.		1363932

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2024	Blanca Rubio State Assembly Person State Assembly District 48	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		2,750.00	2,750.00	P2024 \$2,750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				2,750.00		

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

<b>Statement covers period</b>		<b>CALIFORNIA FORM</b>	<b>460</b>
from	01/01/2024		
through	02/17/2024	Page	6 of 8
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California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.		1363932	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.

I.D. NUMBER

1363932

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nossaman LLP Sacramento, CA 95814	PRO		Professional fees and costs 11-12/2023	247.50
Celeste Rodriguez for Assembly 2024 (ID# 1464590) Sacramento, CA 95815	CTB			1,000.00
Joey Acuna for Assembly 2024 (ID# 1465181) Sacramento, CA 95815	CTB			5,500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 6,747.50

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	11,964.75
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	11,964.75

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2024  
through 02/17/2024

**CALIFORNIA FORM 460**  
Page 7 of 8

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.

I.D. NUMBER  
1363932

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nick Schultz for Assembly 2024 (ID# 1458459) Encino, CA 91436	CTB		1,000.00
Nossaman LLP Sacramento, CA 95814	PRO		1,467.25
Blanca Rubio for Assembly 2024 (ID# 1456604) Sacramento, CA 95814	CTB		2,750.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 5,217.25

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	02/17/2024	Page <u>8</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
California Association of Mutual Water Companies Political Action Committee with Cadway, Inc.		1363932

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Noseaman LLP Sacramento, CA 95814 Professional Services and Costs 11-12/2023	PRO Professional fees and costs 11-12/2023	247.50	0.00	247.50	0.00
<b>SUBTOTALS \$</b>		247.50\$	0.00\$	247.50\$	0.00

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 247.50

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -247.50  
May be a negative number