

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

1/22/23

Date Stamp

RECEIVED
LOS ANGELES COUNTY

2023 FEB -1 PM 2:58

CAMPAIGN FINANCE

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

I.D. Number

1427901

(if applicable)

NAME OF COMMITTEE

Stacy Fortner for SCW Water Board
Director 2020

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Stacy Fortner

STREET A

CITY

Valencia

STATE

CA

ZIP CODE

91354

AREA CODE/PHONE

661 263-7634

CITY

Valencia

STATE

CA

ZIP CODE

91354

AREA CODE/PHONE

661 263-7634

NAME OF ASSISTANT TREASURER, IF ANY

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparation of this statement and I know the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

I know the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on

1/22/23

By

DATE

TREASURER OR ASSISTANT TREASURER

Executed on

1/22/23

By

DATE

OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp RECEIVED BY LOS ANGELES COUNTY 3/12/24 2024 MAR 14 PM 2:51 CAMPAIGN FINANCE	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u>
	For Official Use Only

Statement covers period
from 1/1/23
through 6/30/23

Date of election if applicable:
(Month, Day, Year)
11/3/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1427901

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Stacy Fortner for sev Water Board District 3

CITY: Valencia, CA STATE: CA ZIP CODE: 91354 AREA CODE/PHONE: 661 9936688

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

OPTIONAL: FAX / E-MAIL ADDRESS
S_fortner@yahoo.com

Treasurer(s)

NAME OF TREASURER
Stacy Fortner
CITY: Valencia, CA ZIP CODE: 91354 AREA CODE/PHONE: 661 9936688

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 certify under penalty of perjury under the laws of the State of California that the for

contained herein and in the attached schedules is true and complete. I

Executed on 3/8/24
Executed on 3/8/24
Executed on _____
Executed on _____

By _____
By _____
By _____
By _____

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/23</u> through <u>6/30/23</u>	CALIFORNIA FORM 460
Page <u>1</u> of <u>3</u>	I.D. NUMBER <u>1427901</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stacy Fortner for SCU Water Board Director 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>

**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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>340.94</u>	\$ <u>0</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>340.94</u>	\$ <u>340.94</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>340.94</u>	\$ <u>340.94</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>340.94</u>	\$ <u>340.94</u>

**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
<u>11 / 3 / 20</u>	\$ <u>0</u>
<u> / / </u>	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>340.94</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>11/1/23</u> through <u>6/30/23</u>	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u>
	I.D. NUMBER <u>1427901</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stacy Fortner for SCU Water Board Director 2020

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
<u>US Bank</u> <u>Valencia CA 91355</u>	<u>PRO</u>	<u>Bank Fees</u>	<u>340.94</u>
			<u>0</u>
			<u>0</u>

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

SUBTOTAL \$ 340.94

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>340.94</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ <u>340.94</u>