COVER PAGE **Recipient Committee** CALIFORNIA **Campaign Statement** Cover Page Date of election if applicable: Statement covers period (Month, Day, Year) or Official Use Only from 07/01/2024 CAMPAIGN FINANCE through 09/21/2024 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Qfficeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement O State Candidate Election Committee Committee Special Odd-Year Report O Recall Controlled Termination Statement O Sponsored (Also file a Form 410 Termination) (Afso Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1389898 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Michael T. Placido Steven Placido for San Gabriel Valley Municipal Water District 2024 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE Alhambra CA 91801 626 233-3721 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY ZIP CODE Alhambra CA 91801 626 289-9281 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 805 N. Curtis Avenue STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 is true and correct. Executed on 09-22-2024 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2	
CALIFORNIA 460	
Page of	

	ittee		0.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Steven T Placido				NA				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER	FAPPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Board of Directors, San Gabriel Valley Municipal W	ater District	Division 2		NA OPPOSE				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ĬΤΥ	STATE ZIP		Identify the controlling office	nolder, candid	date, or state meas	ure propor	nent. if anv.
	Alhambra	CA 91801		NAME OF OFFICEHOLDER, CAN				
Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily			OFFICE SOUGHT OR HELD		DIST	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER							
NA								
NAME OF TREASURER	CONTROLLE	D COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s) (idate/Office for which this	eholder Commi committee is primar	ttee List i	names of
	☐ YES	□ NO						
				NAME OF OFFICEHOLDER OR O				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	BOX)				ANDIDATE	OFFICE SOUGHT (OR HELD	SUPPOR
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COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLE YES			NA NAME OF OFFICEHOLDER OR CO	ANDIDATE	OFFICE SOUGHT O	OR HELD	☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole deliale.	1	Statement covers period 07/01/2024	FORM 460
SEE INSTRUCTIONS ON REVERSE		throu	ugh _09/21/2024	_ Page of
NAME OF FILER			,	I.D. NUMBER
Steven Placido for San Gabriel Valley Municipal Water District 2024				1389898
Contributions Received	Column A	Column B	Calendar Year Su	mmary for Candidates

Contributions Received	(FRO	Column A TOTAL THIS PERIOD DMAYTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ <u>3</u> \$ <u>3</u>	0.00 3000.00 3000.00 0.00 3000.00	\$ \$	0.00 13,100.00 13,100.00 0.00 13,100.00	20. Contributions Received \$\$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ <u>1</u>	1859.95 0.00 1859.95 0.00 0.00 1859.95	\$	1909.95 0.00 1909.95 0.00 0.00 1909.95	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ \frac{3}{0} \\ \frac{1}{3} \\ \frac{3}{0} \\ \frac{1}{3} \\ \frac{3}{3} \\ \frac{0}{1} \\ \frac{1}{3} \\ \frac{3}{3} \\ \frac{0}{3} \\ \frac{1}{3} \\ \frac{0}{3} \\ \fra	1.918.31 3000.00 0.00 1859.95 3058.36	add A to am of y am be sho pre this filed	calculate Column B, d amounts in Column of the corresponding ounts from Column B your last report. Some ounts in Column A may negative figures that ould be subtracted from vious period amounts. If s is the first report being d for this calendar year, y carry over the amounts m Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>1</u>	13,100.00			FPPC Form 460 (Jan/20) FPPC Advice: advice@fppc.ca.gov (866/275-37

www.fppc.ca.gov

	A Contributions Received	Amoun to	its may be rounded whole dollars.	Statement covers period from 07/01/2024 through 09/21/2024		CALIFORNIA 46 FORM	
NAME OF FILER Steven Placid	o for San Gabriel Valley Municipal Water District 2024					I.D. NI 13898	UMBER 98
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
	NA	□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
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`		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		•			
			SUBTOTAL	3			

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ __

*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

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	Am	ounts may be ro	unded				SCHEE	ULE B - PART 1
Schedule B – Part 1	Alli	to whole dollars		Γ	Statement cov	ers period	CALIFORN	^{IA} 460
Loans Received				-	from 07/01/202	4	FORM	'^ 40U
SEE INSTRUCTIONS ON REVERSE				1	through <u>09/21/2</u>	2024	Page	of
NAME OF FILER							I.D. NUMBER	
Steven Placido for San Gabriel Valley Municipal Water District 2024						1389898		
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 PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Steven T Placido	Self Employed Dentist			PAID \$_0.00	\$ 13,100.0 <u>6</u>	%	s_10,100.@	\$ 3000.00
Alhambra CA 91801		10,100.00	3000.00	FORGIVEN \$ 0.00		RATE	9/28/16	PER ELECTION** s_3000.00
Z IND □ COM □ OTH □ PTY □ SCC		\$	·	\$	DATE DUE	*	DATE INCURRED	\$
				PAID	. s		s	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
IND COM OTH PTY SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$. \$	% RATE	s	\$
				FORGIVEN	1	NAIE .		PER ELECTION**
IND COM OTH PTY SCC		\$	s	S	DATE DUE	\$	DATE INCURRED	s
	S	UBTOTALS \$	3000.00	0.00	\$ 13,100.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedi	ule E, Line 3)	
Loans received this period (Total Column (b) plus unitemized loan	e of less than \$100 \			\$	00.00	_		
Loans paid or forgiven this period (Total Column (c) plus loans under \$10				\$	00	IN	Contributor Codes D – Individual	
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)		MET A 30	00.00		OM – Recipient Co other than f FH – Other (e.g., l	PTY or SCC)
Net change this period. (Subtract Line Enter the net here and on the Summar				.NEI \$		PI	ΓY – Other (e.g., ι ΓY – Political Part CC – Small Contri	y
				(1	May be a negative number)			
*Amounts forgiven or paid by another party also m	uet he reported on Schedule A	`						

** If required.

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Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2024		CAL	CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE				through	09/21/2024	Page	e	of
NAME OF FILER Steven Placido for San Gabriel Valley Municipal W	ater District 202	4				I.D. N 1389	1UMBER 1898	
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULA TO DA	TIVE FE	BALANCE OUTSTANDING TO DATE
NA	□IND □COM		LENDER			CALENDAR	YEAR	
	□OTH □PTY □scc		DATE			PER ELEC (IF REQUI	TION RED)	
<u> </u>	□IND		LENDER			CALENDAR	YEAR	· · · · · · · · · · · · · · · · · · ·
	□ COM □ OTH □ PTY □ SCC		DATE			PER ELEC (IF REQUII	TION RED)	
	□IND		LENDER			CALENDAR	YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELEC (IF REQUII	TION RED)	
	SCC		LENDER			\$CALENDAR	YEAR	
	□IND □COM □OTH					\$	TION	
	□PTY □SCC		DATE			PER ELEC (IF REQUIR	RED)	

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

Schedu	le C		Amounts may be rounded						SCHEDULE (
Nonmor	netary Contributions Received		to whole dollars.		I	Statement covers p	eriod	CALIF	ORNIA 460
					from 07/01/2024 FORM			RM TOO	
SEE INSTRUC	TIONS ON REVERSE				thro	ough 09/21/2024		Page	of
NAME OF FILE								I.D. NUM	BER
Steven Plac	ido for San Gabriel Valley Municipal Water Dis	trict 2024						138989	8
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	NA	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	3		<i>3</i>	
Schedul	e C Summary							ntributor Co	
1. Amount (Include	received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	ns.		\$ _	·	_ co	(other th	nt Committee an PTY or SCC)
	received this period – unitemized nonmone		ions of less than \$100		\$ _		PT	/ - Political	.g., business entity) Party ontributor Committee
3. Total no Add Lin)	nmonetary contributions received this period les 1 and 2. Enter here and on the Summar	d. y Page, Colui	mn A, Lines 4 and 10.)	ТОТА	AL \$_		_		

Supporti	e D y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be to whole do	e rounded ilars.	Statement covers period from 07/01/2024 through 09/21/2024		CALIFORNIA 460	
SEE INSTRUCT	TIONS ON REVERSE			through		Page	
	do for San Gabriel Valley Municipal Water District 202	4				1389898	
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	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	NA	Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			
Schedule	D Summary		<u> </u>		- <u> </u>	· · · · · ·	<u> </u>

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Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steven Placido for San Gabriel Valley Municipal Water District 2024	Amounts may be rounded to whole dollars. al Water District 2024				SCHEDULE SCHEDULE			
CNS campaign consultants M CTB contribution (explain nonmonetary)* CVC cvic donations P FIL candidate filing/ballot fees PI fundraising events P IND independent expenditure supporting/opposing others (explain)* LEG legal defense	member commeetings and office expense petition circul HO phone banks OL polling and so postage, deli professional extra print ads	munications d appearance ses lating urvey researd very and mes	s h senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, a STES transfer between committee voter registration information technology cos	on costs s oduction costs and meals g, and meals es of the sam	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID		
Los Angeles County Registrar , Norwalk CA 90650		FIL	Ballot Statement			500.00		
Plaza Printing Alhambra CA 91801		LIT	Yard Signs			661.50		
Political Data Inc. Norwalk, CA 90650		TRS	Voter Data			500.00		
* Payments that are contributions or independent expenditures must also be sur	nmarized on Sche	dule D.		s	UBTOTAL	\$ 1661.50		
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E 2. Unitemized payments made this period of under \$100					\$	1859.95		

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made		to whole d			Statement covers 07/01/2024 from	Statement covers period 07/01/2024 from		CALIFORNIA 460	
SEE	INSTRUCTIONS ON REVERSE				through <u>09/21/2024</u>	<u> </u>	Page	of	
NAME OF FILER Steven Placido for San Gabriel Valley Municipal Water District 2024							I.D. NUMBER 1389898		
CMP CNS CTB CVC FIL	DES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member cor MTG meetings ar OFC office expen PET petition circl PHO pholing and s POS postage, de	mmunication ad appearan ses ulating s survey resea	s ces arch	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	d production outions ers' salaries ime and produ I, lodging, and vel, lodging, a n committees n	ection costs meals nd meals of the same	e candidate/sponsor	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT			AMOUNT PAID	
I. D	O. Signs South Hackensack, NJ 07606		СМР	Shirts				198.45	
_							٠	·	

SUBTOTAL \$ 198.45

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

Schedule F	Amounts may be roun to whole dollars.	ded	Statement cov	ers period CA	LIFORNIA AGO	
Accrued Expenses (Unpaid Bills)	to whole dollars.		from 07/01/202		FORM 460	
SEE INSTRUCTIONS ON REVERSE			through <u>09/21/2</u>	2024 Pa	ge of	
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·	,·····································		I.D.	NUMBER	
Steven Placido for San Gabriel Valley Municipal Water District 20	024			138	89898	
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Oth	nerwise, describe th	e payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (PRT print ads	nces earch nessenger services	TRC candidate trave TRS staff/spouse to TSF transfer betwe VOT voter registrati	butions kers' salaries time and production co el, lodging, and meals avel, lodging, and mea en committees of the s	ls same candidate/sponsor	
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	
NA						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$.	\$	3	\$	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) sul accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS	5	
Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		.PAID TOTALS	.	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	 		NET \$		

May be a negative number FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2024	CALIFORNIA 460		
·		through 09/21/2024	Page of		
SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER			I.D. NUMBER		
Steven Placido for San Gabriel Valley Municipal Water District 2024			1389898		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
CODES: If one of the following codes accurately describes	the payment, you may enter the code. O	therwise, describe the payment.			
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FI	MBR member communications meetings and appearances office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	uction costs I meals		

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NA				

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

TSF transfer between committees of the same candidate/sponsor

VOT voter registration
WEB information technology costs (internet, e-mail)

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

				_				SCHEDULE H
Schedule H		Amounts may be rounded			Statement cove	rs period	CALIFORNIA 460	
Loans Made to Others*	to whole dollars.			from07/01/2024		FORM 400		
					0011010	.00 <i>4</i>		
SEE INSTRUCTIONS ON REVERSE					through09//212	.024	Page	of
NAME OF FILER		_					I.D. NUMBER	
Steven Placido for San Gabriel Valley Munici	pal Water District 2024						1389898	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) D OUTSTANDING	(e)	(f)	(9)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
NA				☐ PAID				CALENDAR YEAR
				s	\$	%	s	s
				☐ FORGIVEN		RATE		PER ELECTION**
		s	s	s	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	s	%	\$	s
				☐ FORGIVEN		RATE		PER ELECTION**
		\$	s	s		\$		s
•					DATE DUE		DATE INCURRED	<u> </u>
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$	*	× .
		~~~		L.,	<u> </u>	(Enter (e) on Schedule I, Line 3)	227	<u> </u>
Schedule H Summary								
					\$			
(Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans\$\$								**If Required
		••••••			\$			_,
(Total Column (c) plus unitemized payn 3. Net change this period. (Subtract Line 2	rents of less than \$100.)				NET \$			
Finter the not here and on the Summar			••••••		······································			

Schedule I		Amounts may be rounde	ad		SCHEDULE I
Miscellaneous Increases to Cash		to whole dollars.		Statement covers period	CALIFORNIA 460
				from 07/01/2024	FORM 400
cee inictel ictic	ONE ON BEVERRE			through 09/21/2024	Page of
NAME OF FILER	DNS ON REVERSE				I.D. NUMBER
Steven Placido	o for San Gabriel Valley Municipal Water District 2024				1389898
DATE	FULL NAME AND ADDRESS OF SOURCE				AMOUNT OF
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	INCREASE TO CASH
	NA				
			•		
			· · · · ·		
Attach addi	itional information on appropriately labeled continuation sheets	:		SUBTOTA	L\$
	Summary				
<ol> <li>Itemized in</li> </ol>	creases to cash this period			\$	_
2. Unitemized	d increases to cash of under \$100 this period			\$	_
3. Total of all	interest received this period on loans made to others. (S	schedule H, Column (e).)		\$	
4. Total misce Summary	ellaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)	and 3. Enter here and on	the		FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov