Recipie Committee
Campaign Statement – Short Form

For use by recipient committees that have not received a contribution otherwise receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

1. Type of Recipient Committee:
   □ Ballot Measure Committee
     ○ Primarily Formed
     ○ Controlled
     ○ Sponsored
   ○ Primarily Formed Candidate/Officesthhhold Committee
   □ General Purpose Committee
     ○ Sponsored
     ○ Small Contributor Committee

2. Type of Statement:
   □ Pre-election Statement
   □ Semi-annual Statement
   □ Termination Statement
   □ Quarterly Statement
   □ Special Odd-year Report
   □ Supplemental Pre-election Statement - Attach Form 495
   □ Amendment (Explain) ____________________________
   (Also check type of statement you are amending)

3. Committee Information
   I.D. NUMBER 12591568
   COMMITTEE NAME Peace Officers Association of Petaluma
   STREET ADDRESS (NO P.O. BOX) 969 Petaluma Blvd. No.
   CITY Petaluma
   STATE CA
   ZIP CODE 94952
   AREA CODE/PHONE 707-778-4372
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   OPTIONAL: FAX/EMAIL 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 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 4/24/08
   DATE
   By
   ____________________________
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on
   DATE
   By
   ____________________________
   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

   Executed on
   DATE
   By
   ____________________________
   SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROponent

   Executed on
   DATE
   By
   ____________________________
   SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROponent

FPPC Form 450 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/727-5772)
**Recipent Committee**
**Campaign Statement**
**Summary Page**

**NAME OF COMMITTEE**

*Peace Officers Association of Petaluma*

**Expenditures Made**

1. Expenditures of $100 or more made this period .......................................................... $1,275 -
2. Expenditures under $100 made this period (Not Itemized) ........................................ $1 -
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .......................................................... $1,276 -
4. Nonmonetary Adjustment ................................................................................................. From Line 8 Below
5. Total expenditures made from previous statement ....................................................... Previous Summary Page, Line 6
    (If this is the first statement for the calendar year, enter zero.)

6. TOTAL EXPENDITURES MADE TO DATE ........................................................................ Add Lines 1 + 2 $1,276 -

**Contributions Received**

7. Monetary contributions received this period ................................................................. $4,881 -
8. Non-monetary contributions received this period ........................................................ $4,881 -
9. Total contributions received from previous statement ................................................. Previous Summary Page, Line 10
    (If this is the first statement for the calendar year, enter zero.)

10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ........................................................ Add Lines 7 + 8 + 9 $4,881 -

**Current Cash Statement**

11. Beginning cash balance ................................................................................................. Previous Summary Page, Line 15 $20,332.00
12. Cash receipts this period ............................................................................................... Line 7 above $1,280.00
13. Miscellaneous increases to cash ..................................................................................... $2 -
14. Cash expenditures this period ...................................................................................... Line 3 above $1,336 -
15. ENDING CASH BALANCE THIS PERIOD ................................................................. Add Lines 11 + 12 + 13, then subtract Line 14 $15,880.21
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<th>DATE*</th>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE AMOUNTS TO DATE*</th>
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* Required only for payments which are contributions or independent expenditures.