Recipient Committee
Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other 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/Officerholder 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

   COMMITTEE NAME
   PEACE OFFICERS ASSOCIATION OF PETALUMA
   STREET ADDRESS (NO P.O. BOX)
   969 PETALUMA BLVD N
   CITY
   PETALUMA
   STATE
   CA
   ZIP CODE
   94952
   Mailing Address (If Different) No. And Street Or P.O. Box
   707-776-4372
   CITY
   PETALUMA
   STATE
   CA
   ZIP CODE
   94952
   AREA CODE/PHONE
   707-776-4372

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 ______
Executed on ______
Executed on ______
Executed on ______

By ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By ____________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOINENT, OR RESPONSIBLE OFFICER OF SPONSOR

By ____________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOINENT

By ____________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOINENT

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-3772)
**Expenditures Made**

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

6. TOTAL EXPENDITURES MADE TO DATE
   Add Lines 3 + 4 + 5

**Contributions Received**

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

10. TOTAL CONTRIBUTIONS RECEIVED TO DATE
    Add Lines 7 + 8 + 9

**Current Cash Statement**

11. Beginning cash balance
    Previous Summary Page, Line 15
    \( \text{Previous Summary Page, Line 15} \)
    \( 254.8 \)

12. Cash receipts this period
    Line 7 above
    \( 380.7 \)

13. Miscellaneous increases to cash
    \( 1.0 \)

14. Cash expenditures this period
    Line 3 above
    \( 20.0 \)

15. ENDING CASH BALANCE THIS PERIOD
    Add Lines 11 + 12 + 13, then subtract Line 14
    \( 1240.0 \)