Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [X] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1259158
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): PEACE OFFICERS ASSN. OF PETALUMA
   - STREET ADDRESS (NO P.O. BOX): PETALUMA
   - CITY: PETALUMA
   - STATE: CA
   - ZIP CODE: 94952
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 
   - CITY: 
   - STATE: 
   - ZIP CODE: 
   - AREA CODE/PHONE: 
   - NAME OF TREASURER: TAMARA SHOEMAKER
   - MAILING ADDRESS: 
   - CITY: 
   - STATE: 
   - ZIP CODE: 94952
   - AREA CODE/PHONE: 
   - NAME OF ASSISTANT TREASURER, IF ANY: 
   - MAILING ADDRESS: 
   - CITY: 
   - STATE: 
   - ZIP CODE: 
   - AREA CODE/PHONE: 

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: 01-27-08
   By: T. SHOEMAKER
   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 460 (January/05)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
   State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
</tr>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETALUMA FOR CLEAN WATER AND FISCAL MEASURE K</td>
</tr>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>JURISDICTION</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |
| 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.

<p>| NAME OF OFFICEHOLDER OR CANDIDATE |</p>
<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
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<td></td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
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</tr>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
# Schedule A
## Monetary Contributions Received

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor (If Committee, Also Enter Id. Number)</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 

2. Amount received this period – unitemized monetary contributions of less than $100 ................................................. $ 5264.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................. TOTAL $ 5264.00

---

**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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ................................. $ 29,000.00

2. Unitemized contributions and independent expenditures made this period of under $100 .................................................................................................................. $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .......... TOTAL $ 29,000.00

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Candidate, Office, and District, or Measure Number or Letter and Jurisdiction, or Committee</th>
<th>Type of Payment</th>
<th>Description (if required)</th>
<th>Amount This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election to Date (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/16/08</td>
<td>Petalumans for Clean Water and Fiscal Responsibility, Measure K, Vote # 13691.08</td>
<td>☑ Monetary Contribution</td>
<td></td>
<td>$ 1,000.00</td>
<td>$ 1,000.00</td>
<td></td>
</tr>
<tr>
<td>9/24/08</td>
<td>Petalumans for Clean Water and Fiscal Responsibility, Measure K, Vote # 136781.08</td>
<td>☑ Monetary Contribution</td>
<td></td>
<td>$ 2,500.00</td>
<td>$ 3,500.00</td>
<td></td>
</tr>
<tr>
<td>10/9/08</td>
<td>Friends for Freitas</td>
<td>☑ Monetary Contribution</td>
<td></td>
<td>$ 200.00</td>
<td>$ 3,700.00</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal** $ 3,700.00
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/9/08</td>
<td>Friends for Kerry</td>
<td>Monetary Contribution</td>
<td>6</td>
<td>250.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support  □  Oppose</td>
<td>Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monetary Contribution</td>
<td>Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support  □  Oppose</td>
<td>Independent Expenditure</td>
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</tr>
<tr>
<td></td>
<td>Monetary Contribution</td>
<td>Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support  □  Oppose</td>
<td>Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 250.00
### Schedule E
#### Payments Made

**NAME OF FILER:** Peace Officers Association of Petaluma

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

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVO: civic donations
- FLD: candidate filing/ballot fees
- PhD: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: member communications
- MTG: meetings and appearances
- OCG: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: TV or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/pause travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- WEB: information technology costs (internal, e-mail)

#### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>Name and Address of Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petaluma's For Clean Water &amp; Fiscal Responsibility</td>
<td>FPPC</td>
<td>Financial Contribution</td>
<td>$350.00</td>
</tr>
<tr>
<td>Friends For Friends</td>
<td>FPPC</td>
<td>Financial Contribution</td>
<td>$50.00</td>
</tr>
<tr>
<td>Friends For Justice</td>
<td>FPPC</td>
<td>Financial Contribution</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $3,950.00**

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $3,950.00
2. Unitemized payments made this period of under $100 $486.91
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $1,486.91
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line B.) TOTAL $4,436.91

FPFC Form 460 (January/05)
FPFC Toll-Free Hotline: 866/ASK-FPPC (866/275-5772)
**Campaign Disclosure Statement**

**Summary Page**

*Type or print in ink. Amounts may be rounded to whole dollars.*

**Contributions Received**

1. Monetary Contributions .......................................................... Schedule A, Line 3 $5264.60
2. Loans Received ................................................................. Schedule B, Line 3 $5264.60
3. SUBTOTAL CASH CONTRIBUTIONS ........................................ Add Lines 1 + 2 $5264.60
4. Nonmonetary Contributions .................................................. Schedule C, Line 3 $5264.60
5. TOTAL CONTRIBUTIONS RECEIVED ...................................... Add Lines 3 + 4 $5264.60

**Expenditures Made**

6. Payments Made ................................................................. Schedule E, Line 4 $4386.91
7. Loans Made ................................................................. Schedule H, Line 3 $4386.91
8. SUBTOTAL CASH PAYMENTS ........................................ Add Lines 6 + 7 $4386.91
9. Accrued Expenses (Unpaid Bills) ........................................ Schedule F, Line 3 $4386.91
10. Nonmonetary Adjustment .................................................. Schedule C, Line 3 $4386.91
11. TOTAL EXPENDITURES MADE ........................................ Add Lines 8 + 9 + 10 $4386.91

**Current Cash Statement**

12. Beginning Cash Balance ............................................... Previous Summary Page, Line 16 $6365.01
13. Cash Receipts ................................................................. Column A, Line 3 above $5264.60
14. Miscellaneous Increases to Cash ...................................... Schedule I, Line 4 $1.66
15. Cash Payments ................................................................. Column A, Line 8 above $4386.91
16. ENDING CASH BALANCE ....................................................... Add Lines 12 + 13 + 14, then subtract Line 15 $7243.76

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

17. LOAN GUARANTEES RECEIVED ......................................... Schedule B, Part 2 $

**Cash Equivalents and Outstanding Debts**

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

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

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FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)