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

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from __1/1/19__

through __3/31/19__

Date of election if applicable:
(Month, Day, Year)

Data Stamp

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CITY CLERK

Page __1__ of __4__
For Official Use Only

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:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1259158

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Peace Officer's Assn. of Petaluma

STREET ADDRESS (NO P.O. BOX)

CITY __Petaluma__ STATE __CA__ ZIP CODE __94952__ AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY __Petaluma__ STATE __CA__ ZIP CODE __94952__ AREA CODE/PHONE __same__

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Walt Spiller

MAILING ADDRESS

CITY __Petaluma__ STATE __CA__ ZIP CODE __94952__ AREA CODE/PHONE __same__

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 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 __7/3/19__ By _____
Date   Signature of Treasurer or Assistant Treasurer

Executed on _____ By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

Schedule A
Monetary Contributions Received

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

Statement covers period

from __11/1/19__

through __3/3/19__

SCHEDULE A

CALIFORNIA FORM 460

Page __2__ of __4__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peace Officers Assn. of Petaluma

I.D. NUMBER
1259158

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/1/19	POAP Labor	☐IND ☐COM ☐OTH ☐PTY ☐SCC		855.00		
2/28/19	POAP Labor	☐IND ☐COM ☐OTH ☐PTY ☐SCC		424.50		
3/3/19	POAP Labor	☐IND ☐COM ☐OTH ☐PTY ☐SCC		877.50		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 2157—

Schedule A Summary

1. Amount received this period — contributions of $100 or more.
   (Include all Schedule A subtotals.) .... $ __2157—__

2. Amount received this period — unitemized 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 $ __2157—__

*Contributor Codes
IND – Individual
COM – Recipient Committee
        (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA FORM **460**

Statement covers period

from ___1/1/19___

through ___3/31/19___

Page _3_ of _4_

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Peace Officers Assn. of Petaluma

I.D. NUMBER

1259158

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/31/19	Bank of Marin	interest	1.45
2/28/19			1.33
3/31/19			1.41

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 4.19

Schedule I Summary

1. Itemized increases to cash this period. .... $ 4.19

2. Unitemized increases to cash of under $100 this period. .... $ _____

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... $ _____

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... TOTAL $ 4.19

Campaign Disclosure Statement
Summary Page

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

Statement covers period

from ___1/1/19___

through ___3/31/19___

CALIFORNIA FORM **460**
SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Peace Officer's Assn. of Petaluma

I.D. NUMBER

1259158

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 2157	$ 6084.50
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2157	$ 6084.50
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2157	$ 6084.50

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 25400.66
13. Cash Receipts	Column A, Line 3 above	2157
14. Miscellaneous Increases to Cash	Schedule I, Line 4	4.19
15. Cash Payments	Column A, Line 8 above	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 27561.85

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 $ _____

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).

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	$	$
21. Expenditures Made	$	$

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
__/__/__	$
__/__/__	$

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