

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84210.5)

Type or print in ink.

COVER PAGE

Date Stamp  
**RECEIVED**

CALIFORNIA  
FORM

**460**

OCT 24 2018

CITY CLERK

Page 1 of 4  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee                                       | <input type="checkbox"/> Quarterly Statement   |
| <input checked="" type="radio"/> State Candidate Election Committee   | <input type="checkbox"/> Controlled  | <input type="checkbox"/> Semi-annual Statement                                       |
| <input type="checkbox"/> Recall<br>(Also Complete Part 6)             | <input type="checkbox"/> Sponsored   | <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |
| <input type="checkbox"/> General Purpose Committee                    | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7) | <input type="checkbox"/> Amendment (Explain below)                                   |
| <input type="checkbox"/> Sponsored                                    |  |  |
| <input type="checkbox"/> Small Contributor Committee                  |  |  |
| <input type="checkbox"/> Political Party/Central Committee            |  |  |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Special Odd-Year Report                             |
| <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Supplemental Prelection Statement - Attach Form 460 |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |  |
| <input type="checkbox"/> Amendment (Explain below)                                   |  |

**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. & RO. BOX)

CITY Petaluma STATE CA ZIP CODE 94952 AREA CODE/PHONE

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

CITY Petaluma STATE CA ZIP CODE 94952 AREA CODE/PHONE Same

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Wesley Spiller

MAILING ADDRESS

CITY Petaluma STATE CA ZIP CODE 94952 AREA CODE/PHONE

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

10/24/18

Date

By

Wesley Spiller

Signature of Treasurer or Assistant Treasurer

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Schedule I  
Miscellaneous Increases to Cash**

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

<b>Statement covers period</b> from <u>7/1/18</u> through <u>9/30/18</u>	<b>CALIFORNIA FORM</b>	<b>460</b>
	<b>Page</b> <u>3</u> <b>of</b> <u>4</u>	
	<b>ID. NUMBER</b> <u>1259158</u>	

**SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**

**NAME OF FILER**

Police Officers Assn. of Petaluma

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASED CASH
7/2/18	Bank of Marin	Interest	1.61
8/3/18			1.58
9/30/18			1.44

*Attach additional information on appropriately labeled continuation sheets.*

**SUBTOTAL \$** 4.63

## **Schedule I Summary**

1. Itemized increases to cash this period. .... \$ 4.63  
 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** \$ 4.63

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

CALIFORNIA  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Peace Officers Assn. of Petaluma*

**Contributions Received**

- |                                       |                    |                      |
|---------------------------------------|--------------------|----------------------|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ <u>855.00</u>     |
| 2. Loans Received .....               | Schedule B, Line 3 | \$ <u>          </u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ <u>855.00</u>     |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$ <u>          </u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ <u>855.00</u>     |

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1	\$ 855.00	\$ 3272-
2	\$	\$
3	\$ 855.00	\$ 3272-
4	\$	\$
5	\$ 855.00	\$ 3272-

**Expenditures Made**

- |  |                      |                      |
|--|----------------------|----------------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ <u>          </u> |
| 7. Loans Made .....                      | Schedule H, Line 3   | \$ <u>          </u> |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ <u>          </u> |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | \$ <u>          </u> |
| 10. Nonmonetary Adjustment .....         | Schedule G, Line 3   | \$ <u>          </u> |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$ <u>          </u> |

6	\$	\$
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
11	\$	\$

**Current Cash Statement**

- |   |   |                      |
|---|---|----------------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ <u>40,827.76</u>  |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | \$ <u>855.00</u>     |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | \$ <u>4.63</u>       |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | \$ <u>          </u> |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>41,732.39</u>  |

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

- |                                    |                    |                      |
|------------------------------------|--------------------|----------------------|
| 17. LOAN GUARANTEES RECEIVED ..... | Schedule B, Part 2 | \$ <u>          </u> |
|------------------------------------|--------------------|----------------------|

**Cash Equivalents and Outstanding Debts**

- |                             |                                       |                      |
|-----------------------------|---------------------------------------|----------------------|
| 18. Cash Equivalents .....  | See Instructions on reverse           | \$ <u>          </u> |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ <u>          </u> |

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).

Statement covers period  
from 7/1/18  
through 9/30/18

Page 4 of 4  
I.D. NUMBER  
1259158

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

- |                            |                      |
|----------------------------|----------------------|
| 1/1 through 8/30           | 7/1 to Date          |
| 20. Contributions Received | \$ <u>          </u> |
| 21. Expenditures Made      | \$ <u>          </u> |

**Expenditure Limit Summary for State  
Candidates**

- |   |                      |
|---|----------------------|
| 22. Cumulative Expenditures Made*<br>(Subject to Voluntary Expenditure Limit) | Total to Date:       |
| Date of Election (mm/dd/yy)   |                      |
| / /   | \$ <u>          </u> |
| / /   | \$ <u>          </u> |

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