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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:

☐ Officerholder, Candidate Controlled Committee
  ☐ State Candidate Election Committee
  ☐ Statewide Committee (also complete part 5)

☐ General Purpose Committee
  ☐ Sponsored
  ☐ Political Party/Central Committee

☐ Primarily Formed Candidate/Officerholder Committee
  ☐ Also Complete Part 7

2. Type of Statement:

☐ Preceding Statement
☐ Semiannual Statement
☐ Termination Statement (also file a Form 460)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preceding Statement - Attach Form 460

3. Committee Information

I.D. NUMBER
12345678

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Peace Officers' Assoc. of Petaluma

Treasurer(s)
NAME OF TREASURER
Nick McGowan

MAILING ADDRESS

STREET ADDRESS (NO. RC. BOX)
Petaluma, CA 94952

CITY
Petaluma
STATE
CA
ZIP CODE
94952

AREA CODE/PHONE
SAME

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

CITY
Petaluma
STATE
CA
ZIP CODE
94952

AREA CODE/PHONE
SAME

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 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 2/21/17

By __________________________

Signature of Treasurer or Assistant Treasurer

Executed on ________________________

By __________________________

Signature of Controlling Officerholder or Candidate, Ballot Measure Proponent or Responsible Officer of Sponsor

Executed on ________________________

By __________________________

Signature of Controlling Officerholder, Candidate, Ballot Measure Proponent

Executed on ________________________

By __________________________

Signature of Controlling Officerholder, Candidate, Ballot Measure Proponent

PPIC Form 460 (January 2009)

PPIC Toll-Free Helpline: 800-715-2288. FAX: 707-778-4776
### Schedule A
**Monetary Contributions Received**

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

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</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>11/28/16</td>
<td>PCAP Labor</td>
<td></td>
<td></td>
<td></td>
<td>1527.50</td>
<td></td>
</tr>
<tr>
<td>12/30/16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1288.50</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period — contributions of $100 or more. (Include all Schedule A Subtotals.) ........................................... $ 2815.50
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 $ 2815.50

*Contributor Codes*
IND — Individual
COM — Recipient Committee
OTH — Other
PTY — Political Party
SOC — Small Candidate Committee

**FPPC** Toll-Free Helpline: 800-ASK-FPPC
## Schedule I
### Miscellaneous Increases to Cash

**Statement covers period from 10-1-16 through 12-31-16**

<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name and Address of Source</th>
<th>Description of Receipt</th>
<th>Amount Incurred to Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/31/16</td>
<td>Bank of Mani</td>
<td>Interest</td>
<td>1.19</td>
</tr>
<tr>
<td>11/30/16</td>
<td></td>
<td></td>
<td>1.15</td>
</tr>
<tr>
<td>12/31/16</td>
<td></td>
<td></td>
<td>1.21</td>
</tr>
</tbody>
</table>

**Schedule I Summary**

1. Itemized increases to cash this period: .................................................... $ 3.55
2. Unitemized increases to cash of under $100 this period: ................................ $ 3.55
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .................................................... $ 3.55
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .................................................... TOTAL $ 3.55
Schedule E Payments Made

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>Secretary of State</td>
<td></td>
<td>Filing Fees</td>
<td>20.00</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 20.00
2. Unitemized payments made this period of under $100 .................................................................................. $ 20.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ...................... $ 20.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 20.00

FPPC Form 460 (January/25)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3672)
## Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$2815.50</td>
<td>$</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$2815.50</td>
<td>$</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$2815.50</td>
<td>$</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$20.00</td>
<td>$</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$20.00</td>
<td>$</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10. Nonmonetary-Adjustment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$20.00</td>
<td>$</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$31,563.72</td>
<td>$</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$2815.50</td>
<td>$</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$3.55</td>
<td>$</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$20.00</td>
<td>$</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$31,822.78</td>
<td>$</td>
</tr>
</tbody>
</table>

*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).*

## Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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

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**FPPO Form 460 (January 00)**

FPPO Toll-Free Helpline: 866/ASK-FPPO (866/275-3772)