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

Statement cover period
from: 5/1/12
through: 6/30/12

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

Type or print in ink.

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   ○ Officeholder, Candidate Controlled Committee
   ○ State Candidate Election Committee
   ○ Recall
   ○ National General Purpose Committee
   ○ Small Candidate/Officeholder Committee
   ○ Political Party/Central Committee
   ○ Primarily Formed Candidate/Officeholder Committee
   ○ Sponsored
   ○ Primarily Formed Ballot Measure Committee
   ○ Controlled
   ○ Terminated (Also file a Form 410 Termination)
   ○ Amendment (Explain below)

2. Type of Statement:
   ○ Preliminary Statement
   ○ Semi-annual Statement
   ○ Termination Statement
   ○ Amendment (Explain below)
   ○ Quarterly Statement
   ○ Special End-Year Report
   ○ Supplemental Preliminary Statement - Attach Form 465

3. Committee Information
   I.C. NUMBER: 12571528
   Committee Name (or Candidate's Name if no Committee):
   Peace Officer's Assn. of Petaluma
   Street Address (No. R.D. Box)
   Petaluma, CA 94952
   City, State, ZIP Code, Area Code/Phone: 707-765-5410
   Mailing Address (If Different), No. And Street, Or R.D. Box:
   Box 750474
   City, State, ZIP Code, Area Code/Phone: Petaluma, CA 94952
   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.

   By: __________
   Signature of Treasurer or Assistant Treasurer:

   By: __________
   Signature of Committee Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor:

   By: __________
   Signature of Committee Officeholder, Candidate, State Measure Proponent:

   By: __________
   Signature of Committee Officeholder, Candidate, State Measure Proponent:

   By: __________
   Signature of Committee Officeholder, Candidate, State Measure Proponent:

   FPPC Form 460 (January/05)
   FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
   State of California

   Executed on: 10/31/12
   Date:

   Executed on: Date:

   Executed on: Date:

   Executed on: Date:
## Schedule E: Payments Made

### Name of Filer

Perez, Official Assn of Radicle

### Codes

- **GMP**: campaign paraphernalia/mac.
- **CNS**: campaign consultants
- **CTB**: contribution (explain nonmonetary)*
- **GVC**: civic donations
- **PB**: candidate filing/ballot fees
- **RND**: fundraising events
- **ND**: independent expenditure/suppor~ing/opposing others (explain)*
- **LEG**: legal defense
- **LIT**: campaign literature and mailings
- **MBR**: member communications
- **MTG**: meetings and appearances
- **OPC**: office expenses
- **PET**: petition/circulating
- **PHO**: phone/banks
- **FCL**: polling and survey research
- **POS**: postage, delivery and messenger services
- **PRT**: professional services (legal, accounting)
- **PRO**: print/ads
- **RAO**: radio airtime and production costs
- **RFD**: returned contributions
- **SAL**: campaign workers' salaries
- **TEL**: t.v. or cable airtime and production costs
- **TRC**: candidate travel, lodging, and meals
- **TRS**: transportation travel, lodging, and meals
- **TSF**: transfer between committees of the same candidate/spo
- **VOT**: voter registration
- **WEB**: information technology costs (internet, e-mail)

### Name and Address of Payee

- **Delphi**

<table>
<thead>
<tr>
<th>Code/DR</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone Survey</td>
<td>1000.00</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.) ................................................................. $ 1500.00
2. Unitized payments made this period of under $100 ................................................................. $ 
3. Total interest paid this period on loans, (Enter amount from Schedule B, Part 1, Column (e).) ................................. $ 
4. Total payments made this period, (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 1500.00
# Schedule I
## Miscellaneous Increases to Cash

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name and Address of Source</th>
<th>Description of Receipt</th>
<th>Amount of Increase to Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/3/12</td>
<td>Wells Fargo Bank</td>
<td>interest earned</td>
<td>.14</td>
</tr>
<tr>
<td>6/30/12</td>
<td>Wells Fargo Bank</td>
<td>interest earned</td>
<td>.15</td>
</tr>
</tbody>
</table>

Subtotal: $0.29

### Schedule I Summary
1. Itemized increases to cash this period: $0.29
2. Unitemized increases to cash of under $100 this period: $0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)): $0
4. Total miscellaneous increases to cash this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14): $0

TOTAL $0.29

---

Form 460 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Contributions Received

1. 
   - Monetary Contributions: Schedule A, Line 3: $0
   - Loans Received: Schedule B, Line 3: $0
   - Subtotal Cash Contributions: Add Lines 1 + 2: $0
   - Nonmonetary Contributions: Schedule C, Line 3: $0
   - Total Contributions Received: Add Lines 3 + 4: $0

### Expenditures Made

6. Payments Made: Schedule E, Line 4: $100.00 ($858.75)
7. Loans Made: Schedule F, Line 3: $0
8. Subtotal Cash Payments: Add Lines 6 + 7: $0
10. Nonmonetary Adjustment: Schedule C, Line 3: $0
11. Total Expenditures Made: Add Lines 5 + 6 + 9 + 10: $100.00 ($858.75)

### Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16: $10,195.02
13. Cash Receipts: Column A, Line 3 above: $0
14. Miscellaneous Increases to Cash: Schedule J, Line 4: $0
15. Cash Payments: Column A, Line 6 above: $0
16. Ending Cash Balance: Add Lines 12 + 13 + 14, then subtract Line 15: $8,195.02

If this is a termination statement, Line 18 must be zero.

17. Loan Guarantees Received: Schedule B, Part 2: $0

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents: See Instructions on reverse: $0
19. Outstanding Debts: Add Line 2 + Line 9 in Column B above: $0

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).

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 1-888-ASK-FPPC (888-275-3772)