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

Statement covers period
from 01/01/2012
through 06/30/2012

Date of election if applicable
(Month, Day, Year)
11/6/1012

CITY CLERK
PETALUMA

1. Type of Recipient Committee:
   □ Officerholder, Candidate Controlled Committee
   ○ State Candidate Election Committee
   ○ Recall
     (Also Complete Part 5)
   □ Ballot Measure Committee
     ○ Primarily Formed
     ○ Controlled
     ○ Sponsored
     (Also Complete Part 6)
   □ General Purpose Committee:
     ○ Sponsored
     ○ Small Contributor Committee
     ○ Political Party/Central Committee
   □ Primarily Formed Candidate/Officerholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   □ Pre-election Statement
   □ Semi-annual Statement
   □ Termination Statement
   □ Amendment (Explain below)

Treasurer(s)
NAME OF TREASURER
Randall Chism
MAILING ADDRESS
PO Box 750065

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94954

NAME OF ASSISTANT TREASURER, IF ANY
Ken Dick
MAILING ADDRESS
PO Box 750065

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma CA 94954

3. Committee Information
   COMMITTEE NAME (OR, CANDIDATE'S NAME IF NO COMMITTEE)
   Petaluma Fire Fighters Association Political Action Committee (PAC)

   STREET ADDRESS (NOT P.O. BOX)
   830 Petaluma Blvd North

   CITY STATE ZIP CODE AREA CODE/PHONE
   Petaluma CA 94952

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   PO Box 750065

   CITY STATE ZIP CODE AREA CODE/PHONE
   Petaluma CA 94954

   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 11-6-2012

   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   Date

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

   Executed on
   Date

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   Date

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California
### Contributions Received

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 * 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>$</td>
</tr>
<tr>
<td>7/1 to Date</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>$</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**22. Cumulative Expenditures Made**

*If Subject to Voluntary Expenditure Limit*

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).

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

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*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.