Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84215.5)

Statement covers period
from ________
through ________

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

1. Type of Recipient Committee:
   All Committees – Complete Parts 1, 2, 3, and 4.
   [ ] Holder of Candidate Controlled Committee
   [ ] State Candidate Election Committee
   [x] Recall
      (Also Complete Part 5)
   [x] General Purpose Committee
       [ ] Sponsored
       [x] Small Contributor Committee
       [x] Political Party/Central Committee
       (Also Complete Part 6)
   [ ] Ballot Measure Committee
       [ ] Primarily Formed
       [ ] Controlled
       [ ] Sponsored
       (Also Complete Part 7)

2. Type of Statement:
   [ ] Pre-election Statement
   [ ] Semi-annual Statement
   [ ] Quarterly Statement
   [ ] Special Odd-Year Report
   [x] Termination Statement
   [ ] Amendment (Explain below)

   [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER
   129281
   Petaluma Firefighters Association Political Action Committee (PAC)

   STREET ADDRESS (NO P.O. BOX)

   CITY STATE ZIP CODE AREA CODE/PHONE
   Petaluma CA 94952

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

   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 ________
   Date

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on ________
   Date

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

   Executed on ________
   Date

   By ____________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent

   Executed on ________
   Date

   By ____________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 888/ASK-FPPC
State of California
### Campaign Disclosure Statement
#### Summary Page

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

**Statement covers period**

from 01/01/2014 through 06/30/2014

**SUMMARY PAGE**

**CALIFORNIA FORM 460**

**Page number**

I.D. NUMBER

1292681

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**Contributions Received**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>Schedule A, Line 3</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

1. Monetary Contributions ................................................................. Schedule A, Line 3 $0.00 $0.00
2. Loans Received ................................................................. Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS ........................................ Add Lines 1 + 2
4. Nonmonetary Contributions ...................................................... Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED ........................................ Add Lines 3 + 4

| Calendar Year Summary for Candidates Running in Both the State Primary and General Elections |
| 1/1 through 06/30 | 7/1 to Date |
| Contributions Received $ | $ |
| Expenditures Made $ | $ |

---

**Expenditures Made**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule E, Line 4</td>
<td>Schedule F, Line 3</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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) ........................................ Add Lines 6 + 7
10. Nonmonetary Adjustment ...................................................... Schedule C, Line 3
11. TOTAL EXPENDITURES MADE ........................................ Add Lines 8 + 9 + 10

| Calendar Year Summary for State Candidates |
| 22. Cumulative Expenditures Made* |
| Date of Election (mm/dd/yy) | Total to Date |
| / / | $ |

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**Current Cash Statement**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Summary Page, Line 16</td>
<td>$6485.43</td>
</tr>
<tr>
<td>Cash Receipts ................................................................. Column A, Line 3 above</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash ........................................ Schedule I, Line 4</td>
<td></td>
</tr>
<tr>
<td>Cash Payments ................................................................. Column A, Line 8 above</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$6485.43</td>
</tr>
</tbody>
</table>

12. Beginning Cash Balance ................................................................. Previous Summary Page, Line 16 $6485.43
13. Cash Receipts ................................................................. Column A, Line 3 above
14. Miscellaneous Increases to Cash ........................................ Schedule I, Line 4
15. Cash Payments ................................................................. Column A, Line 8 above
16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 $6485.43

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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**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule B, Part 2</td>
<td>$</td>
</tr>
</tbody>
</table>

17. LOAN GUARANTEES RECEIVED ................................................................. Schedule B, Part 2

18. Cash Equivalents ................................................................. See instructions on reverse
19. Outstanding Debts ................................................................. Add Line 2 + Line 9 in Column A above

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

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