Recipie Committee
Campaign Statement
Cover Page
(Government Code Sections 84203-84216.5)

Type or print in ink.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 10/21/2012</td>
<td>(Month:Day:Year)</td>
</tr>
<tr>
<td>through 11/01/2012</td>
<td>11/6/1012:</td>
</tr>
</tbody>
</table>

1. Type of Recipient Committee:
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] General Purpose Committee
   - [ ] State Candidate Election Committee
   - [X]球目 Candidate's Committee
   - [ ] Recall
   - [ ] Sponsered
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate's Committee
   - [ ] Primarily Formed Candidate's Committee

2. Type of Statement:
   - [X] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] termination Statement
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 129281
   - COMMITTEE NAME OR CANDIDATE'S NAME IF NO COMMITTEE:
     Petaluma Fire Fighters Association Political Action Committee (PAF)
   - STREET ADDRESS (NO P.O. BOX): Petaluma, CA 94954
   - CITY: Petaluma
   - STATE: CA
   - ZIP CODE: 94954
   - AREA CODE/PHONE:
   - MAILING ADDRESS:
     - P.O. Box:
     - STREET ADDRESS (IF DIFFERENT) No. and STREET or P.O. Box:
     - CITY: Petaluma
     - STATE: CA
     - ZIP CODE: 94954
     - 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 that the foregoing is true and correct.
   - Executed on 11/6/2012
   - Date
   - By Signature of Treasurer or Assistant Treasurer
   - Executed on
   - Date
   - By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of 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

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

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

### Expenditures Made

6. Payments Made ...................................................... Schedule E, Line 4 $ 0.00 $
7. Loans Made ........................................................... Schedule H, Line 2
8. SUBTOTAL CASH PAYMENTS .................................... Add Lines 5 + 7 $ 0.00 $
9. Accrued Expenses (Unpaid Bills) ............................... Schedule F, Line 3
10. Nonmonetary Adjustment ......................................... Schedule C, Line 3
11. TOTAL EXPENDITURES MADE .................................... Add Lines 8 + 9 + 10 $ 0.00 $

### Current Cash Statement

12. Beginning Cash Balance ......................................... Previous Summary Page, Line 16 $ 7098.02 $
13. Cash Receipts ....................................................... Column A, Line 3 above
14. Miscellaneous Increases to Cash ............................... Schedule I, Line 4
15. Cash Payments ...................................................... Column A, Line 6 above
16. ENDING CASH BALANCE ......................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 7098.02 $

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

### Cash Equivalents and Outstanding Debts

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

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

20. Contributions Received $ $
21. Expenditures Made $ $

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
   Date of Election (mm/dd/yy)  Total to Date

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