Recipent Committee
Campaign Statement
Cover Page

Statement covers period
from 9/23/18
through 10/20/18

Date of election if applicable:
(Month, Day, Year)
11/6/18

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [ ] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
  (Also Complete Part 6)
- [ ] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
- [ ] Controlled
- [ ] Sponsored
  (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

- [ ] Pre-election Statement
- [ ] Semi-annual Statement
- [ ] Form 401 (Also Complete Part 6)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Amendment (Explain below)
  Added Information of Summary page for current/previous calendar year summary

3. Committee Information

| ID NUMBER | 29268 |
| Date Stamp | RECEIVED | NOV 05 2018 |
| CALIFORNIA FORM 460 | COVER PAGE | Page 1 of 3 |

**Committee Name**

Petaluma Firefighter Association

**Street Address (No P.O. Box)**

**City** Petaluma

**State** CA

**Zip Code** 94952

**Mailing Address (If Different) No. And Street Or P.O. Box**

**City** Petaluma

**State** CA

**Zip Code** 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.

**Executed on** 11/6/18

**Date**

**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 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Contributions Received
1. Monetary Contributions Schedule A, Line 3 $0 $0
2. Loans Received Schedule B, Line 3 $0 $0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 $0 $0
4. Nonmonetary Contributions Schedule C, Line 3 $0 $0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 $0 $0

## Expenditures Made
6. Payments Made Schedule E, Line 4 $414.25 $414.25
7. Loans Made Schedule H, Line 3 $0 $0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 $414.25 $414.25
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 $0 $0
10. Nonmonetary Adjustment Schedule C, Line 3 $0 $0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 $414.25 $414.25

## 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
   11 / 06 / 18 $414.25

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

---

### Current Cash Statement
12. Beginning Cash Balance Previous Summary Page, Line 16 $6285.43
13. Cash Receipts Column A, Line 3 above $0
14. Miscellaneous Increases to Cash Schedule I, Line 4 $0
15. Cash Payments Column A, Line 6 above $414.85
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 16 $5871.18
   If this is a termination statement, Line 16 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).
### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ............................................... $ 

2. Unitemized contributions and independent expenditures made this period of under $100 .................................................................................................................. $ 

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ........... TOTAL: $ $414.25 - 502.50 

---

**FPPC Form 460 (Jan/2016)**
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov