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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officierholder, Candidate Controlled Committee
     - State Candidate Election Committee
     - Recall
       (Also Complete Part 9)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Ballot Measure Committee
     - Primarily Formed
     - Controlled
     - Sponsored
       (Also Complete Part 6)
   - Primarily Formed Candidate/Officierholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Termination Statement
   - Amendment (Explain below)
     [Definition of term]

3. Committee Information
   I.D. NUMBER 129281
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Petaluma Fighters Association Political Action Committee (PAC)
   STREET ADDRESS (NO P.O. BOX)
   Petaluma
   CITY State ZIP CODE 94952
   Mailing Address (if different) NO. AND STREET OR P.O. BOX

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 7-19-2012
   By ____________________________
   Signature of Treasurer or Assistant Treasurer
   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent
   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent
   FPPC Form 460 (June/01)
   FPPC Toll-Free Helpline: 866/ASK-FPPC
   State of California