Recipient Committee				COVER PAGE
Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
oover lage			RECEIVED	1 16
	Statement covers period	Date of election if applicable:	a grant and and an annual	Page or
	from <u>9/20/2020</u>	(Month, Day, Year)	OCT 22 2020	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>10/17/2020</u>	11/3/2020	CITY CLERK	
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	100	No.
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Spo Complete Part 6)  rimarily Formed Candidate/ officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	it 🔲 Spe fermination)	arterly Statement ecial Odd-Year Report
	. NUMBER 292681	Treasurer(s)	- West	- Heir
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	.32001	NAME OF TREASURER		Minus Street
Petaluma Firefighters Association PAC		Matthew Martin		
		MAILING ADDRESS		A Company of the Comp
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP (	CODE AREA CODE/PHONE
		Petaluma	CA 949	052
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	Alexander and Al
Petaluma CA 94952	2			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	_	MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
Petaluma CA 94952	2			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	de la companya de la
I. Verification		100	***	
I have used all reasonable diligence in preparing and reviewin			herein and in the attached so	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of				
Executed on 10/20/2020	By Matthew Mart	in		
_ 10/20/2020		Sil		
Executed on Date	By Matthew Mart Signature of Control	IN olling Officeholder, Candidate, State ivieasure Pr	roponent or Responsible Unicer or Spor	asor
Executed on	Ву	ignature of Controlling Officeholder, Candidate.	State Measure Bronner	
		ignature of controlling chiceholder, carididate,	State Measure Proponent	
Executed onDate	By	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER P.	AGE - PART 2
CALIFORNIA	160
FORM	400
CALL THE STREET	
Page 2	of 16

Officeholder or Candidate Controlled Committee			Primarily Formed Ballot	i Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			<b>***</b>
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	4	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder, candidate	e, or state measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT	
Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	O. IF ANY
COMMITTEE NAME	I.D. NUMBER		***************************************			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeho	older Committee Internative is primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR O	CANDIDATE O	FFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR O	CANDIDATE O	FFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE O	FFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE?  YES NO OX)		NAME OF OFFICEHOLDER OR O	CANDIDATE O	FFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuation s	sheets if necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE		through	10/17/2020	Page 2 of 16
NAME OF FILER Petaluma Firefighters Association PAC		·		I.D. NUMBER 1292681
Contributions Received  1. Monetary Contributions	\$	Column B CALENDAR YEAR TOTAL TO DATE  \$ 0  \$ 0	Running in Both th General Elections	hrough 6/30 7/1 to Date  \$\frac{0}{2}\$
Expenditures Made         Schedule E, Line 4           6. Payments Made         Schedule H, Line 3           7. Loans Made         Schedule H, Line 3           8. SUBTOTAL CASH PAYMENTS         Add Lines 6 + 7           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		Summary for State  ve Expenditures Made*  voluntary Expenditure Limit)  Total to Date  \$ 0
Current Cash Statement  12. Beginning Cash Balance		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	*Amounts in this section reported in Column B.	\$ 0may be different from amounts
17. LOAN GUARANTEES RECEIVED	\$ 0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: adv	FPPC Form 460 (Jan/2016); rice@fppc.ca.gov (866/275-3772)

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement covers period from 9/20/2020	vers period	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through <u>10/17/20</u>	20	Page 2	3of_16	
NAME OF FILER Petaluma Fire	efighters Association PAC					1.D. NUN 1292681	MBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
			SUBTOTAL	\$ 0				
Amount red     (Include all     Amount red	A Summary  ceived this period – itemized monetary contribution  Schedule A subtotals.)  ceived this period – unitemized monetary contribution  stary contributions received this period.				IND COM OTH PTY	(other t I – Other (e ' – Political	al ent Committee than PTY or SCC) e.g., business entity)	
(Add Lines	1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$ 0			FPPC	Form 460 (Jan/2016))	

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

	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded dollars.	Statement covered by the statement covered 9/20/2020	ers period	CALIFORNIA 460		
				through 10/17/20	20	Page _	4 of 16	
NAME OF FILER Petaluma Firef	ighters Association PAC	-		· · · · · · · · · · · · · · · · · · ·	and Special Section 1997 Sectio	I.D. NUMBER 1292681		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \() (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		COM OTH PTY SCC						
		□IND □ COM □ OTH □ PTY □ SCC						
		D D D D D D D D D D D D D D D D D D D						
		□IND □COM □OTH □PTY						

SUBTOTAL \$ 0

\*Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

	Amo	ounts may be ro	unded	****	SCHEDULE B - PART				
Schedule B – Part 1 Loans Received		to whole dollars	s.		Statement coverage from 9/20/2020	ers period	CALIFORN FORM	NIA 460	
SEE INSTRUCTIONS ON REVERSE		-8			through 10/17/20	020	Page 5	of 16	
NAME OF FILER Petaluma Firefighters Association PAC							1.D. NUMBER 1292681		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID  FORGIVEN  \$	\$ DATE DUE	RATE	\$DATE INCURRED	\$ PER ELECTION**	
		S	\$	PAID  FORGIVEN	s	RATE	\$	\$ PER ELECTION**	
T IND COM OTH PTY SCC	<i>*</i>	s	\$	\$ — FORGIVEN	SDATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR  \$  PER ELECTION**	
	s	UBTOTALS \$	0 5	\$ 0	\$ 0	\$ 0			
Schedule B Summary  1. Loans received this period	a of loop their \$400.			<u>\$</u>		(Enter (e) on Sched	lule E, Line 3)		
<ul> <li>(Total Column (b) plus unitemized loan</li> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$10</li> <li>(Include loans paid by a third party that</li> <li>Net change this period. (Subtract Line Enter the net here and on the Summar</li> </ul>	00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	dule A.)		.NET \$ 0	May be a parallel substant	O P	TH – Other (e.g., TY – Political Par	Committee PTY or SCC) business entity)	
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.	)		(1)	May be a negative númber)	:		,	
** If required.							FPPC Form	m 460 (Jan/2016))	

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

Schedule B – Part 2		Amounts may be rounded				SCHEDULE B - PART					
Loan Guarantors		to whole dollars.			ment covers period 0/2020	CALIFOR FORM	NIA 460				
SEE INSTRUCTIONS ON REVERSE	£			through	10/17/2020	Page 6	of 16				
NAME OF FILER Petaluma Firefighters Association PAC						I.D. NUMBER 1292681					
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTE®D THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE				
	□IND □COM		LENDER			CALENDAR YEAR					
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		- to the second			700	\$					
	□IND		LENDER			CALENDAR YEAR					
	GOM OTH PTY	□OTH □PTY					\$				
			□PTY	□PTY	PTY	PTY	□ PTY		DATE		
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4	□scc					\$					
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	scc				:	\$	28.				
			SUE	BTOTAL	\$ 0	Enter on Summary Page, Line 17 only.					

Schedule			Amounts may be rounded to whole dollars.				E L'Estate		SCHEDULE		
Nonmone	tary Contributions Received		to whole at	Alais.			9/20/2020	period	CALIF FO	ORNIA 160	
SEE INSTRUCTIO	N\$ ON REVERSE					thro	ugh 10/17/2020		Page 7	of 16	
	ighters Association PAC						**		1.D. NUM	- Park	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDION OCCUPATION AN (IF SELF-EMPLO) NAME OF BU	D EMPLOYER	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
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Attach additio	orial information on appropriately labele	d continuation	sheets.	i de la companya della companya dell	SUBTO	OTAL \$	- Contact - Cont				
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(Add Lines	onetary contributions received this peri 1 and 2. Enter here and on the Summa	ou. ary Page, Colu	mn A, Lines 4	and 10.)	тотд	AL \$ 0		_		0	

Supporti	e D / of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dellars	Statement cover	rs period	CALIFORNIA 460		
SEE INSTRUCTI	IONS ON REVERSE		790	through <u>10/17/202</u>	0	Page	of
NAME OF FILER Petaluma Fire	efighters Association PAC					1.D. NUMB 1292681	R
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI GALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
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Schedule	D Summary						
	contributions and independent expanditures made						<u> </u>
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Schedule (Continuation Sheet) (Continuation Sheet) Summary of Expenditures Supportinu/Opposing Other Candidates, Measures and Committees		Amounts may to whole	te rounded fallars.	Statement cove from 9/20/2020 through 10/17/202		CALIFORNIA 460	
NAME OF FILE	7		<u> </u>	Line agri		Page	
Petaluma Fire	efighters Association PAC			,		129268	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBERS OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIP(ION (IF REQUIRED)	MOUN'T THIS PERIOD	CUMULATIVE CALENDAR	YEAR	PER ELECTION  TO DATE (IF REQUIRED)
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			\$ JBTOTA	AL \$ 0			

Schedule E Payments Made		Amounts may be rounded to whole dollars				from 9/20/2020 CALIF			
SEE INSTRUCTIONS ON REVERSE	; }	<u></u>	·	}, <u></u> -		thrá	gh 10/17/2020	Page 10	of 16
Petaluma Firefighters Association	AC			in the second	ac 2			129268	
CODES: If one of the following CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary civic donation) candidate fill g/ballot fees fundraising events independent expenditure supporting legal defense campaign literature and mailings		MBI MTI OF(; PET PH)	member comm meetings and a office expenses petition circulat phone banks polling and sun postage, delive professional se	un ation ipp aran ing ing vey resea	s ces arch essenger serv	RAD RFD SAL TEL TRC TRS TSF	escribe the pay adio airtime and pre- eturned contribution ampaign workers's v. or cable airtime andidate travel, loda taff/spouse travel, ransfer between con- oter registration information technolo	luction costs laries d production costs ng, and meals dging, and meals mittees of the same	
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* Payments that are contributions or inde	pendent expenditur	must also be sum	arized on Schedu	≕⊹=== ıle j).	=======================================	\$ <del></del>		SUBTOTAL \$	)
Schedule E summary		¥ <del>~~</del> X÷		=:==	=#====#i		; <u> </u>		( <del>************</del> ************************
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2. Unitemized phyments made (				1		7			
3. Total interest paid this period									
4. Total payments made this net			i i	4.00			75	7	

Schedule & Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE JAME OF FILER Petaluma Firefighters Association PAC				ay be rounded le dollars.		Statement of 9/20/202 from through 10/17/	0	CALIFORNIA 460 FORM Page 11 of 16 I.D. NUMBER 1292681	
CMP CNS CTB CVC FIL FND ND	campaign paraphicampaign eansulticontribution (explacivic donations candidate filing/bafundraising events	ants ain nonmonetary)* allot fees s riditure supporting/oppore and mailings	sing others (explain)*	MBR member MTG meeting OFC office ex PET petition PHO phone b POL polling a POS postage	communications s and appearances created appearances circulating anks and survey research, delivery and messonal services (legal	enger services	RAD radio airtir RFD returned o SAL campaign TEL t.v. or dab TRC candidate TRS staff/spou TSF transfer b VOT voter regis	me and production contributions workers' galaries le airtime and productravel, lodging, and se travel, lodging, are tween committees of	ction costs meals nd meals of the same candidate/sponsor
	- 13		RESS OF RAYEE O ENTER I.D. NUMBER)		GODE O	R I	DESCRIPTION OF FAYI	MENT	AMOUNT PAID
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								10,00	
Pay	ments that are con	tributions or independen	nt expenditures must als	so be summarized on	Schedule D.			SUE	BTOTAL \$ 0

Schedule F				Amounts may be foun	ded	Statement cov	vers period	CALIFE RNIA 460	
Accrued Exp	enses (Un	paid Bills)		the seriore designs.		from 9/20/2020			
SEE INSTRUCTION	ON REVERSE		a Kara at nas			through 10/17/2	020	Page 1 of 16	
NAME OF FILER Petaluma Firefig (t		AC					and the second s	I.D. NUMBER 1292681	
campaign paral constraints campaign constraints contribution (see contribution) conditions conditions candidate filling fundraising over independent see legal defense	phernalia/misc. ultants cplain nonmonetar /ballot fees ents			the payment, you may  Mill member communication  Mill member communication  medings and applicate  office expenses petition circulating phone banks  PO polling and surver resi postage, delivery and professional services ( print ads	ons andes ear¢h m⊛ssenger ser√≿es	RAD Adio airtime a RFD Aturned control SAL Ampaign wo TEL Ly, or cable a TRC Andidate trav TRS shaff/spouse t	and production de ributions kers' salaries irtime and product rel, lodging, and r ravel, louging, an sen committees o ion	otion costs meals id meals of the same sandidate/sponsor	
	AME AND ADDRES	·	100	CODE OR D∰CRIPTION OF PAYMENT	(a) OUTSTANKING BALANCE BECINNING OF THIS PERIOD	(b)  AMOUNT INCURRED  THIS PERIOD	(c) AMOUNT F 1 AIS PER (ALSO REPORT	IOD ALANGE AT CLOSE	
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Payments that are sent ummarized on Schell ,le	ributions or indeperio	nt expenditures must	iso be	SUBTOTALS	\$ ;	<u> </u>	\$	**************************************	
Schedule F 5									
accrued expen	expenses incurses of \$100 or	red this period. ( more, plus total	include all Sc initernized ac	hedule F, Column (b) su corned expenses under	stotals for \$100.)	INCL	IRRE!! TOTA	ALS \$	
2. Total accrued expen	expenses paid ses of \$100 or	his pariod. (Incomore, plus total	lude all Sched initernized pa	lula F, Column (c) stibto ayments on accrued exp	tals for payments on penses under \$100.).	•••••••••••••••••••••••••••••••••••••••	PAIL TOTA	ALS \$	
3. Net change inition the Summa	s period. ( <b>Sub</b> ) ry Page, Colum	ract Line 2 from In A, Line 9.)	Line 1. Ente	r the difference here and	d	·····		NET \$ 0	

Schedule F				s may be founde	e.dl		1. 40. 4	SCHEDULE F (CON)	
(Continuation She Accrued Expense		lls)		whole dolk rs.		Statement coverage from 9/20/2020	rs period (	CALIFORNIA 460	
						through <u>10/17/20</u>	20	Page 19 of 16	
NAME OF FILER				A second	and particular and p	TO WAR	1	.D. NUMÉER	
Petaluma Firefigliters Ass	ociation   AC	260/2 4 24		1, 10, 1	sia ti Wii kun	To All of m	1	1292681	
CODES: If one of the	following codes	accuratily describ	pes the payme	ent, you may	enter the code. Oth	erwise, describe the	e payment.		
CMP campaign rigraphernalic campaign consultants CTB contribution explain no civic donations FIL candidate fill rg/ballot fill rg/ballot fill rg/ballot fill rg/ballot fill rature and campaign literature and Payments that are contributions	onmonetai⊚)* ees re suppor∯ng/opposir d mailings		MTG meetin OFC office PEC petitio PHC phone PC polling PG postag PRC profes PRC print a	and survey resear ge, delivery and m sional services (le ds	arch nessenger services egal, accounting)	RFD fiturned contri SAL fampaign work TEL tv. or cable air TRC fandidate trave TRS faff/spouse tra	ters' sa aries time and production of, lodging, and me avel, lenging, and r on committees of the	n costs als neals ne same (andidate/sponsor	
	DADDRES OF CRED			DE OR N OF PAYIMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCUERED THIS PERIOD	(c) A NOUNT PAI I HIS PERIOD (AL O REPORT ON	)	
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	9								

SUBTOTALS \$ 0

\$ 0

\$ 0

\$ 0

Schedule ()			_			SCHEDULE	
Payments Made by an Agent or Contractor (on Behalf of This C	Independent committee)	Amounts may be rounded to whole dollars.		from 9/20/2020 CA		FORM 460	
DEE WINTENGTION ON MENTION				through 10/17/2020	Page 14	of16	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			المناجي المستحم	<del></del>	I.D. NUM	<u> </u>	
Petaluma Firefighters Association FAC					1 20 11	iK.	
NAME OF AGENT OF INDEPENDENT CONTRACTOR		<u> </u>	<del></del> /\ <del>\</del>		1292681	ا) سبال سام المالية	
NAME DEAGENT CALINDEPENDENT CONTRACTOR				•			
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Attach additional information on appropriate	ely labeled continuation shee	ets.			TOTAL*		

<sup>\*</sup> Do not transfer to any other schedule at to the Summary Page. This total may not equal the amount and to the agent or independent contractor as reported on Schedule E.

Schedule M Loans Made to Others*			nay be rounded ole dollars.		Statement cov from 9/20/2020	*1 JAC 5 1	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			- 1		through10/17/2	2020 Page 15		of_16	
Petaluma Firefichters Association PAC							129268		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN ININVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDIF	(b) AMOUNT LOANED THIS PERIOD	(c) EPAYMENT O ORGIVENESS THIS PERIOD	CLOSE OF THIS	INTEREST RECLIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
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Schedule M Summary					0				
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Schedule I Miscellaneous Increases to Cash					Amounts may be rou to whole dollars.	nded	Statement coverage from 1/20/2020	CALIFORNIA 460		
SEE INSTRUCTION	ON REVERSE						through 10/17/20	020	Page 16 of 16	
NAME OF FILER	7		A Comment of the Comm			بېزىرىنىڭ ئىسىمىي دۆركىسىدىد	- in first firm appearing		I.D. NUMBER	
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4. Total miscell	neous increase	to cash this pe	od. (Add Lin	es 1. 2, and	dule H, ©olumn (e) 3. Enter here and	on the	0			
Summary P	ge, Line 14.)	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · † ç, - · · · · · · · · · · · · · · · · · ·		•••••••	TOTAL \$	PC Advice: advic	FPPC Form 460 (Jan/2016) e@fppc.ca gov (866/275-3774) www.fppc.ca.gov	