

Committee Statement

Type or print in ink.

Sections 84200-84216.5

IN REVERSE

Statement covers period
 from 4/1/20
 through 6/30/20

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

Date Stamp

RECEIVED

OCT 22 2020

CITY CLERK

COVER PAGE

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For Official Use Only

1. Type of Committee: All Committees - Complete Parts 1, 2, 4, and 5.

Candidate Controlled Committee
 Candidate Election Committee

Primary Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 7)

Primary Formed Candidate/Officerholder Committee
(Also Complete Part 7)

2. Type of Statement:

Proclamation Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Proclamation Statement - Attach Form 408

Organization Name
 (SEE SANDAG'S NAME & NO COMMITTEE)

I.G. NUMBER
129158

Officers Assn. of Petaluma
 (NO NO. BOX)
 Petaluma Board No.
 Petaluma CA 94952
 Box 750474

Treasurer(s)
 NAME OF TREASURER
Mario Gioni

MAILING ADDRESS
PO Box 750474

CITY
Petaluma CA 94952 STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
same

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

I have read this statement and to the best of my knowledge and belief, and to the best of my ability under the laws of the State of California that the foregoing is true and correct.

10/21/2020
10/21/2020

[Redacted Signature]

I certify that the attached schedules is true and complete. I certify

By _____
 By _____
 By _____
 By _____

Contributions Received

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

Statement covers period
 from 4/1/20
 through 6/30/20

SCHEDULE A
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I.D. NUMBER
1259158

REVERSE

Assoc Officers Assoc of Petaluma

NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If RELATIONSHIP, ENTER NAME OF RELATION)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
OAP Labor	IND OCM OTH PTY SCC		879 ⁰⁰		
	IND OCM OTH PTY SCC				
	IND OCM OTH PTY SCC				
	IND OCM OTH PTY SCC				
	IND OCM OTH PTY SCC				
	IND OCM OTH PTY SCC				
	IND OCM OTH PTY SCC				
SUBTOTAL \$ 879 ⁰⁰					

Summary
 this period -- contributions of \$100 or more
 (Schedule A subtotals) \$ 879⁰⁰
 this period -- uniformized contributions of less than \$100
 Contributions received this period.
 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$ 879⁰⁰

*Contributor Codes
 IND - Individual
 OCM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

is increases to Cash

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

Statement covers period
from 4/1/20
through 6/30/20

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LB NUMBER
1259158

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ee Officer's Assn. of Petaluma

FULL NAME AND ADDRESS OF SOURCE (IF COUNTY FIRM, ALSO GIVE FIRM NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
BANK of Marin	Interest	1.23
		1.20
		1.33

TOTAL 3.76

Information on appropriately labeled continuation sheets.

Primary increases to cash this period. 3.76

Increases to cash of under \$100 this period. _____

Interest received this period on loans made to others. (Schedule H, Column (e)) _____

Other increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the next line 14.) _____

TOTAL 3.76

Disclosure Statement

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

Statement covers period from <u>4/1/20</u> through <u>6/30/20</u>	SUMMARY PAGE 460 Page <u>4</u> of <u>4</u> I.D. NUMBER <u>1259158</u>
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Officer's Assn of Petaluma

		Column A TOTAL YEAR (GRAND TOTALS ONLY)	Column B CALENDAR YEAR TOTALS ONLY
Received			
Contributions	Schedule A, Line 8	<u>879.00</u>	<u>1107.00</u>
Other Contributions	Schedule B, Line 8		
CONTRIBUTIONS	Add Lines 1 + 8		
Contributions	Schedule C, Line 8		
CONTRIBUTIONS RECEIVED	Add Lines 8 + 4	<u>879.00</u>	

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

1/1 through 6/30 7/1 to Date

20. Contributions Received

21. Expenditures Made

		Column A	Column B
Made			
Disbursements	Schedule H, Line 4		
Other Disbursements	Schedule I, Line 8		
DISBURSEMENTS	Add Lines 6 + 7		
Disbursements (Unpaid Bills)	Schedule J, Line 8		
Adjustment	Schedule G, Line 8		
DISBURSEMENTS MADE	Add Lines 8 + 9 + 10	<u>0</u>	

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(* Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Title Date:

Statement		
Initial Balance	Previous Summary Page, Line 10	<u>32,762.13</u>
	Column A, Line 8 above	<u>879.00</u>
Increases to Cash	Schedule I, Line 4	<u>3.76</u>
	Column A, Line 8 above	<u>0</u>
BALANCE	Add Lines 10 + 12 + 14, then subtract Line 10 after statement, Line 10 must be zero.	<u>33,644.89</u>
FEES RECEIVED	Schedule B, Part 2	
Assets and Outstanding Debts		
Assets	See instructions on reverse	
Liabilities	Add Line 2 + Line 8 in Column B above	

*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 8 (if any).

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