

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

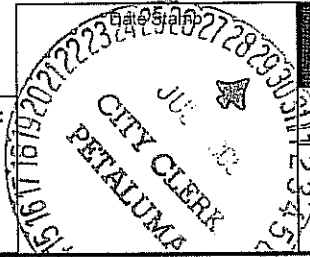
CALIFORNIA FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 01/01/05
 through 06/30/05

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



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For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1259158

COMMITTEE NAME
Peace Officers' Association of Petaluma PAC/PIC

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
same

 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Matt Thomas

MAILING ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

 CITY STATE ZIP CODE 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 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 07/29/05
 DATE

By *Matt Thomas*
 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

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period from <u>01/01/05</u>		CALIFORNIA FORM 450
through <u>06/30/05</u>		
Page <u>2</u> of <u>3</u>		I.D. NUMBER 1259158

NAME OF COMMITTEE

Peace Officers' Association of Petaluma PAC/PIC

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ _____
2. Expenditures under \$100 made this period (Not itemized.)	_____ 110
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<i>Add Lines 1 + 2</i> \$ _____ 110
4. Nonmonetary Adjustment	<i>From Line 8 Below</i> _____
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i> \$ _____
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> \$ _____ 110

Contributions Received

7. Monetary contributions received this period	\$ _____ 550
8. Non-monetary contributions received this period	_____
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i> \$ _____
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i> \$ _____ 550

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> \$ _____ 1979
12. Cash receipts this period	<i>Line 7 above</i> _____ 550
13. Miscellaneous increases to cash	\$ _____
14. Cash expenditures this period	<i>Line 3 above</i> _____ 110
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> \$ _____ 2419

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**CALIFORNIA
FORM 450**

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NAME OF COMMITTEE

Peace Officers' Association of Petaluma PAC/PIC

I.D. NUMBER

1259158

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
var	Wells Fargo Bank Petaluma , CA 94952	bank fees		60	Calendar Year \$ <u>60</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
5/20/05	Pamela S. Nachtigall 100 Petaluma Blvd. N Petaluma, CA 94952	Accounting		50	Calendar Year \$ <u>50</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$				110	

* Required only for payments which are contributions or independent expenditures.