Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.		Date Stamp	COVER PAGE CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable: (Month, Day, Year)	-1	Page of For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To	t ☐ Special C☐ Supplem Fermination) Statemen	r Statement Odd-Year Report ental Preelection nt - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	E AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER TAMARA MAILING ADDRESS CITY PETA LLIMA NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS A. Verification I have used all reasonable diligence in preparing and reviewing the under penalty of perjury under the laws of the State of California to Executed on	nis statement and to the best of my known hat the foregoing is true and correct. By	Signature of Treasurer of Assistant To	ein and in the attached schedules is ressurer	AREA CODE/PHONE AREA CODE/PHONE Irue and complete. I certify
Executed on	Bv	Signature of Controlling Officeholder, Candidate, Sta Signature of Controlling Officeholder, Candidate, Sta	·	

	ndidate Controlled Com	mittee	6	. Primarily Formed Ballot Measu	re Committee	
NAME OF OFFICEHOLDER	OR CANDIDATE		-	NAME OF BALLOT MEASURE	19 COMMITTEE	
OFFICE SOUGHT OR HELD	D (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		PETALLUMA FOR C BALLOT NO. OR LETTER JURISDIC MEASURE K	LEAN WATER	AND FISEP SUPPORT SUPPOSE RES
RESIDENTIAL/BUSINESS A	DDRESS (NO. AND STREET)	CITY STATE	ZIP	Identify the controlling officeholder,	candidate, or state measure	
not included in this state	s Not Included in this S ment that are controlled by you spenditures on behalf of your c	I OF are referently formed to	ttees ecelve	NAME OF OFFICEHOLDER, CANDIDATE, OR OFFICE SOUGHT OR HELD	PROPONENT DISTRICT NO). IF ANY
COMMITTEE NAME :		I.D. NUMBER	· ·	1		
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/Ofi	iceholder Committee :	List names of med.
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.	aox)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
CITY	CTATE PIE		·			SUPPORT OPPOSE
	STATE ZIP	CODE AREA CODE/PH	HONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	STATE ZIP	I.D. NUMBER	HONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT
	STATE ZIP	I.D. NUMBER CONTROLLED COMMITTEE? YES NO	HONE			SUPPORT SUPPORT OPPOSE SUPPORT

Schedule A **Monetary Contributions Received**

2. 3.

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

SCHEDULE A

worletary	Continuutions Received	to whole dollars.		Statement covers period from7(\(\cap \) \(\cap \)		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE				192 02		
NAME OF FILER				through 12 3	(00	Page <u>3</u> of <u>7</u>	
PER	ACE OFFICERS ASSOCIATION	of Pa	Francy			I.D. NUMBER	
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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE PER ELECTION TO DATE	
		☐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			-		
0.7 1.1 4			SUBTOTAL\$				
Amount rec (Include all	A Summary served this period – itemized monetary contributions. Schedule A subtotals.) served this period – unitemized monetary contributions	of less than \$1	\$	52/11 5	IND - In COM - I	Recipient Committee (other than PTY or SCC)	
3. lotal monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page. Colum			·	[PTY-P	Other (e.g., business entity) Political Party Small Contributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in lnk.

Amounts may be rounded to whole dollars.

Statement covers period from 7 108 CALIFORNIA 460

through 123108 Page 10 of 100 NUMBER

SEE INSTRUCTION	ONS ON REVERSE			through 12/3	168	Page	or '7
	į.	· _				I.D. NUMBE	ER
PEAC	E OFFICERS ASSOCIATION	OF PET	Allema		.,	12	59158
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	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
४/७/७४	Petalumans For Clean water and Fisch Responsibility Measure k PRE # 13490 R Support \$Poppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		(000	िट		
9/24/08	Petalouser's For Clean Water and Fiscul Responsibility Measure K TEPC # 1307018 Support Dooppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		2500 "	*3507	5û >	10000
18/9/390	Friends For Freitas	Monetary Contribution Nonmonetary Contribution Independent Expenditure	_	\$ w .200	3.70	do Co	
			SUBTOTAL \$	37000			
	D Summary ontributions and independent expenditures made th	nis period (Include:	all Schedule D subtotols \			£	39 05.00
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							
	ibutions and independent expenditures made this p		-				39 00 00

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

SCHEDULED (CONT.)

Statement covers period

from 7/1 (08 CALIFORNIA 460

FORM Page 5 of 7

I.D. NUMBER

NAME OF FILER	through 17 (3)	(108	Page	2_ of
PEACE OFFICERS ASSOCIATION OF PETALLUMY			I.D. NUMB	
			(5)	そいる
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR TYPE OF PAYMENT OR COMMITTEE OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE CALENDAF (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Monetary Contribution Nonmonetary Contribution Independent Expenditure	200 W			
Monetary Contribution	T Projection		The second secon	
Monetary Contribution Nonmonetary Contribution Independent Support Oppose Expenditure				
☐ Support ☐ Oppose ☐ Monetary Contribution ☐ Independent Expenditure		- vanistic		
SUBTOTAL \$ 250.00				

Schedule E Payments Made

Type or print in lnk.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/88 CALIFORNIA 460

through 12/3/08 Page 0 of 7
I.D. NUMBER

NAME OF FILER

through 12/3/0% Page 0 of I.D. NUMBER

PEACE OFFICERS ASSIGNATION OF RETALLIMA

CODES: if one of the following and a service of the following and			50110		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FIL phone banks FIL independent expenditure supporting/opposing others (explain)* LEG legal defense campaign ilterature and mailings TRO PRO PRO PRO PRO PRO PRO PRO					
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID		
Fortalumon's For Clean Water And Fiscal Responsibility Newscre K F130 1018 FPRC Friends For Freedow		Financial Centributions	\$ 3500 ER		
		Financial contribution	\$ 300 °		
Francis For Healy.		Furancial Control	*201 "		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 3,900.07					
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)					
2. Unitemized payments made this period. (Include all Schedule E subtotals.)					
2. Unitemized payments made this period of under \$100					
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)					

Campaign Disclosure Statement Summary Page

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

	SUMMARY PAGE
Statement covers period	CALIFORNIA 460
through 12/3/(08	Page
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER PEACE DEFICERS ASSOCUATION **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTALTHIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 1/1 through 8/30 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 20. Contributions 4. Nonmonetary Contributions Schedule C, Line 3 Received 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 -526G.CO Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 4386.91 Candidates 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 4386.91 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election 10. Nonmonetary Adjustment Schedule C, Line 3 Total to Date (mm/dd/yy) 386.91 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts 6.66 *Amounts in this section may be different from amounts from Column B of your last 15. Cash Payments Column A, Line 8 above reported in Column B. 438691 report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 7243.76 figures that should be If this is a termination statement, Line 16 must be zero. subtracted from previous period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if 18. Cash Equivalents See instructions on reverse \$ any), 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)