

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.8)

Type or print in Ink.

COVER PAGE

<p>RECEIVED</p> <p>JAN 30 2014</p> <p>CITY CLERK</p>	<p>CALIFORNIA FORM 460</p>
	<p>Page <u>1</u> of <u>3</u></p> <p>For Official Use Only</p>

<p>Statement covers period from <u>10/1/13</u> through <u>12/31/13</u></p>	<p>Date of election if applicable: (Month, Day, Year)</p>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Offisholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 5)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Offisholder Committee
<small>(Also Complete Part 1)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Control Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 460 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Peace Officer's Assn of Petaluma
STREET ADDRESS (NO P.O. BOX)

CITY: Petaluma STATE: CA ZIP CODE: 94952 AREA CODE/PHONE: same

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

PO Box 750474
CITY: Petaluma STATE: CA ZIP CODE: 94952 AREA CODE/PHONE: same

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER
1259158

Treasurer(s)

NAME OF TREASURER

Tamara L Sheemaker
MAILING ADDRESS

CITY: Petaluma STATE: CA ZIP CODE: 94952 AREA CODE/PHONE: same

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 here in 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 01-22-14
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By T. Sheemaker
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Offisholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Offisholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Offisholder, Candidate, State Measure Proponent

FPPC Form 460 (January/06)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/278-3772)

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/1/13</u>	CALIFORNIA FORM 460
through <u>12/31/13</u>	Page <u>3</u> of <u>3</u>
I.D. NUMBER <u>1259158</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Peace Officers Assn of Petaluma

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0</u>	\$ <u>3291⁰⁰</u>
2. Loans Received Schedule B, Line 3	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ <u>3291⁰⁰</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: \$ _____ \$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ _____	\$ _____
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 G, Line 3	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ _____	\$ _____

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yyyy) Total to Date

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>18,956.40</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>43</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ _____
15. Cash Payments Column A, Line 8 above	\$ _____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>18,956.83</u>

If this is a termination statement, Line 16 must be zero.

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 final report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>10/1/13</u> through <u>12/31/13</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>3</u>	I.D. NUMBER <u>1259158</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Peace Officer's Assn of Petaluma

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>10/2/13</u>	<u>Wells Fargo Bank</u>	<u>interest</u>	<u>.14</u>
<u>11/30/13</u>	<u>Wells Fargo Bank</u>	<u>interest</u>	<u>.14</u>
<u>12/31/13</u>	<u>Wells Fargo Bank</u>	<u>interest</u>	<u>.15</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.43

Schedule I Summary

- Itemized increases to cash this period. \$.43
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** .43