

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM **460**

Page 1 of 3

For Official Use Only

Statement covers period from <u>07/01/2012</u> through <u>12/31/2012</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp
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SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee:</b> All Committees - Complete Parts 1, 2, 3, and 4.</p> <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee  <input type="checkbox"/> State Candidate Election Committee  <input type="checkbox"/> Recall  <i>(Also Complete Part 5)</i></p> <p><input checked="" type="checkbox"/> General Purpose Committee  <input checked="" type="checkbox"/> Sponsored  <input type="checkbox"/> Small Contributor Committee  <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee  <input type="checkbox"/> Controlled  <input type="checkbox"/> Sponsored  <i>(Also Complete Part 6)</i></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee  <i>(Also Complete Part 7)</i></p>	<p><b>2. Type of Statement:</b></p> <p><input type="checkbox"/> Preelection Statement  <input checked="" type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <i>(Also file a Form 410 Termination)</i>  <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report  <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p>
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<p><b>3. Committee Information</b></p> <p>I.D. NUMBER <u>1292054</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Brentwood Police Officer's Association Political Action Committee</u></p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <u>Brentwood CA 94513 _____</u></p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE _____</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>brentwoodpoa@yahoo.com</u></p>	<p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER <u>Russ Miller</u></p> <p>MAILING ADDRESS _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <u>Brentwood CA 94513 _____</u></p> <p>NAME OF ASSISTANT TREASURER, IF ANY _____</p> <p>MAILING ADDRESS _____</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE _____</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>brentwoodpoa@yahoo.com</u></p>
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**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 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 <u>1/31/2013</u> Date	By _____ 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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from 07/01/2012 through 12/31/2012	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>3</u> I.D. NUMBER 1292054
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brentwood Police Officer's Association Political Action Committee

Contributions Received	Column A	Column B	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions ..... Schedule A, Line 3	\$ 0	\$ 1335.00		
2. Loans Received ..... Schedule B, Line 3	0	0		
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0	\$ 1335.00		
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	0		
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0	\$ 1335.00		
			20. Contributions Received	\$ _____ \$ _____
			21. Expenditures Made	\$ _____ \$ _____

Expenditures Made	Expenditure Limit Summary for State Candidates		
	Column A	Column B	
6. Payments Made ..... Schedule E, Line 4	\$ 0	\$ 0	
7. Loans Made ..... Schedule H, Line 3	0	0	
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 0	\$ 0	
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	0	
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0	0	
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 0	\$ 0	
			22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
			Date of Election (mm/dd/yy) Total to Date
			_____/_____/_____ \$ _____
			_____/_____/_____ \$ _____

Current Cash Statement	Column A	Column B
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 15443.48	
13. Cash Receipts ..... Column A, Line 3 above	0	
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0	
15. Cash Payments ..... Column A, Line 8 above	0	
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 15443.48	
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0	

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 9 (if any).

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

Cash Equivalents and Outstanding Debts	Column A	Column B
18. Cash Equivalents ..... See instructions on reverse	\$ 0	
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0	

**Schedule A  
Monetary Contributions Received**

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

Statement covers period from <u>07/01/2012</u> through <u>12/31/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>3</u>
I.D. NUMBER 1292054	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Brentwood Police Officer's Association Political Action Committee**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 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