

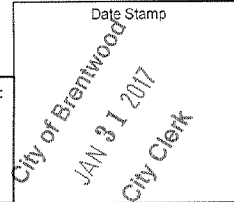
# Recipient Committee Campaign Statement – Short Form

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 10/23/2016  
 through 12/31/2016

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



### 1. Type of Recipient Committee:

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

### 3. Committee Information

I.D. NUMBER  
1292054

COMMITTEE NAME  
Brentwood Police Officers' Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)  
9100 Brentwood Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE  
Brentwood CA 94513

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
Aaron Peachman

MAILING ADDRESS  
9100 Brentwood Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE  
Brentwood CA 94513

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 01/27/2017  
 DATE

Executed on 1/27/2017  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 450</b>
	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE

Brentwood Police Officers' Association Political Action Committee

I.D. NUMBER

1292054

**Expenditures Made**

1. Expenditures of \$100 or more made this period.....	\$	<u>0</u>
2. Expenditures under \$100 made this period (Not itemized.).....		<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	\$	<u>0</u>
		<i>Add Lines 1 + 2</i>
4. Nonmonetary Adjustment.....		<u>0</u>
		<i>From Line 8 Below</i>
5. Total expenditures made from previous statement.....	\$	<u>11,726.96</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		<i>Previous Summary Page, Line 6</i>
6. TOTAL EXPENDITURES MADE TO DATE.....	\$	<u>11,726.96</u>
		<i>Add Lines 3 + 4 + 5</i>

**Contributions Received**

7. Monetary contributions received this period.....	\$	<u>0</u>
8. Non-monetary contributions received this period.....		<u>0</u>
9. Total contributions received from previous statement.....	\$	<u>5445</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		<i>Previous Summary Page, Line 10</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE.....	\$	<u>5445</u>
		<i>Add Lines 7 + 8 + 9</i>

**Current Cash Statement**

11. Beginning cash balance.....	\$	<u>24,705.04</u>
		<i>Previous Summary Page, Line 15</i>
12. Cash receipts this period.....		<u>0</u>
		<i>Line 7 above</i>
13. Miscellaneous increases to cash.....	\$	<u>0</u>
14. Cash expenditures this period.....		<u>0</u>
		<i>Line 3 above</i>
15. ENDING CASH BALANCE THIS PERIOD.....	\$	<u>24,705.04</u>
		<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>

**Recipient Committee  
Campaign Statement – Short Form**

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SHORT FORM  
**CALIFORNIA FORM 450**

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NAME OF COMMITTEE

Brentwood Police Officers' Association Political Action Committee

I.D. NUMBER

1292054

**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*
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ 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.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>					

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