

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 7/1/2017
 through 12/31/2017

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

City of Brentwood
 Date Stamp
MAR 22 REC'D
 City Clerk

SHORT FORM
CALIFORNIA FORM 450
 Page 1 of 3
 For Official Use Only

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
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OPTIONAL: FAX / E-MAIL ADDRESS

brentwoodcapoa@gmail.com

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
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OPTIONAL: FAX / E-MAIL ADDRESS

brentwoodcapoa@gmail.com

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 03/14/18
 DATE

By _____
 ASSISTANT TREASURER

Executed on 3-14-18
 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**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7/1/2017</u>	CALIFORNIA FORM 450
through <u>12/31/2017</u>	
Page <u>2</u> of <u>3</u>	

NAME OF COMMITTEE Brentwood Police Officers' Association Political Action Committee	I.D. NUMBER 1292054
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>1675.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....		<u>38.24</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>1713.24</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u>0</u>
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>	\$	<u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	<u>0</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>5643.00</u>
8. Non-monetary contributions received this period.....		<u>0</u>
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>	\$	<u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	<u>5643.00</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$	<u>24,705.04</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>5643.00</u>
13. Miscellaneous increases to cash	\$	<u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>1713.24</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>28,634.80</u>

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CALIFORNIA FORM 450

Page 3 of 3

I.D. NUMBER
1292054

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NAME OF COMMITTEE

Brentwood Police Officers' Association Political Action Committee

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*
12/19/17	Paul Graves for District Attorney P.O Box 864 Martinez, CA 94553 FPPC 1396632	Check	Paul Graves for Contra Costa County District Attorney 2018 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	1675.00	Calendar Year \$ <u>1675.00</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.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

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