Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period from 01/01/2020 through 06/30/2020.

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] General Purpose Committee
     - Sponsored
     - [X] Primarily Formed Candidate/Officeholder Committee
     - [X] Primarily Formed Ballot Measure Committee
     - [X] Controlled
     - [X] Sponsored

2. Type of Statement:
   - [X] Semi-annual Statement
   - [X] Termination Statement (Also file a Form 410 Termination)
   - [X] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER 931817
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     Concord Police Association PAC
   - STREET ADDRESS (NO P.O. BOX)
   - CITY Concord
   - STATE CA
   - ZIP CODE 94520
   - Mailing Address:
     - CITY Concord
     - STATE CA
     - ZIP CODE 94520
   - Optional: Fax / E-Mail Address

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement 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 following:

   Executed on 07/16/2020
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>[ ] SUPPORT</th>
<th>[ ] OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>[ ] SUPPORT</td>
<td>[ ] OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>[ ] SUPPORT</td>
<td>[ ] OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule</th>
<th>Line</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>A</td>
<td>3</td>
<td>$8,370.00</td>
<td>$8,370.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>B</td>
<td>3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td></td>
<td></td>
<td>$8,370.00</td>
<td>$8,370.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>C</td>
<td>3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td></td>
<td></td>
<td>$8,370.00</td>
<td>$8,370.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule</th>
<th>Line</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>E</td>
<td>4</td>
<td>50.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>H</td>
<td>3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td></td>
<td></td>
<td>50.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>F</td>
<td>3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>C</td>
<td>3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td></td>
<td></td>
<td>50.00</td>
<td>50.00</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule</th>
<th>Line</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td></td>
<td>16</td>
<td>$107,220.22</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>A</td>
<td>3</td>
<td>8,370.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>I</td>
<td>4</td>
<td>41.26</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>A</td>
<td>8</td>
<td>50.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td></td>
<td>15</td>
<td>$115,581.46</td>
</tr>
</tbody>
</table>

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

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
   Date of Election (mm/dd/yy):  
   Total to Date: $___/__/___  
   $___/__/___  

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

## Campaign Disclosure Statement Summary Page

Concord Police Association PAC

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2020 through 06/30/2020

I.D. NUMBER 931817

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
## Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

### Statement covers period
- **from**: 01/01/2020
- **through**: 06/30/2020

### Concord Police Association PAC

<table>
<thead>
<tr>
<th>Date Received</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 0.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $ 8,370.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 8,370.00

*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

---

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule E

### Payments Made

**NAME OF FILER**

Concord Police Association PAC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

### Table: Payments Made

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $** 0.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 0.00
2. Unitemized payments made this period of under $100 $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). $ 0.60
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL $** 50.00
Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2020
through 05/31/2020

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>Concord Police Association PAC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.00

Schedule I Summary

1. Itemized increases to cash this period. $ 0.00
2. Unitemized increases to cash of under $100 this period. $ 41.26
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL $ 41.26
### Additional Comments

**For Form 460**

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concord Police Association PAC</td>
<td>931817</td>
</tr>
</tbody>
</table>

Intermediary for All Contributions Received: Concord Police Association, 5060 Avila Road, Concord, CA 94520