

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2023
through June 30, 2023

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

Date Stamp

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

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CITY OF DALY CITY

CITY CLERK

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

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled
<input type="radio"/> Recall (Also Complete Part 5)	<input type="radio"/> Sponsored (Also Complete Part 6)
<input checked="" type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
<input checked="" type="checkbox"/> Sponsored	
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

2. Type of Statement:

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER
862148

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

DALY CITY POLICE OFFICERS ASSOCIATION PAC

STREET ADDRESS (NO P.O. BOX)

CITY DALY CITY STATE CA ZIP CODE 94015 AREA CODE/PHONE

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

MATTHEW MARTIN

MAILING ADDRESS

CITY DALY CITY STATE CA ZIP CODE 94015 AREA CODE/PHONE

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 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 8-22-24
Date _____

By _____

Signature of Treasurer or Assistant Treasurer

Executed on _____
Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or 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**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from January 1, 2023

CALIFORNIA
FORM **460**

through June 30, 2023

Page 2 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DALY CITY POLICE OFFICERS' ASSOCIATION PAC

I.D. NUMBER

862148

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>5325</u>	\$ _____
2. Loans Received.....	Schedule B, Line 3	\$ <u>0</u>	_____
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>5325</u>	\$ _____
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <u>0</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>5325</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	\$ <u>180</u>	\$ _____
7. Loans Made.....	Schedule H, Line 3	\$ _____	_____
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>180</u>	\$ _____
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ _____	_____
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ _____	_____
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>180</u>	\$ _____

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>104,601</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>5325</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>19</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>180</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>109,945</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

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

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period
 from January 1, 2023

CALIFORNIA **460**
 FORM

through June 30, 2023

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DALY CITY POLICE OFFICERS' ASSOCIATION PAC

I.D. NUMBER
 862148

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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 0
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 5325
3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 5325**

*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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA **460**
FORM

Statement covers period
from January 1, 2023

through June 30, 2023

Page 4 of 5

I.D. NUMBER

862148

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Intuit Quickbooks	OFC		Online bookkeeping subscription	180
Intuit Quickbooks	+			

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

SUBTOTAL \$ 180

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 180
2. Unitemized payments made this period of under \$100.....	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 180

Schedule I

Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

CALIFORNIA FORM 460

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DALY CITY POLICE OFFICERS' ASSOCIATION PAC

1.D. NUMBER

862148

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period. \$ _____
 2. Unitemized increases to cash of under \$100 this period. \$ 19
 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
 Summary Page, Line 14.) **TOTAL** \$ 19