Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   □ Officeholder, Candidate Controlled Committee
   □ State Candidate Election Committee
   □ Recall
   (Also Complete Part E)
   □ General Purpose Committee
   □ Sponsored
   □ Small Contributor Committee
   □ Political Party/Central Committee
   □ Primarily Formed Ballot Measure Committee
   □ Controlled
   □ Sponsored
   (Also Complete Part E)
   □ Primarily Formed Candidate/Officeholder Committee
   (Also Complete Part E)

2. Type of Statement:
   □ Freelection Statement
   □ Quarterly Statement
   □ Semi-annual Statement
   □ Amendment (Explain below)
   □ Termination Statement
   (Also file a Form 410 Termination)

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
   STATE
   ZIP CODE
   Mailing Address
   CITY
   STATE
   ZIP CODE
   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 7/14/2017
   Date
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   Date
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   Date
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   Date
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

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FPCC 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>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>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent |
| OFFICE SOUGHT OR HELD |
| DISTRICT NO. IF ANY |

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

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www.fppc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$1152</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>Add Lines 1 + 2</td>
<td>$1152</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>Add Lines 3 + 4</td>
<td>$1152</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$50</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>Add Lines 6 + 7</td>
<td>$50</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$2336</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$2386</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$13488</td>
</tr>
</tbody>
</table>

**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).**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan Guarantees Received</td>
<td>Schedule B, Part 2</td>
<td>$</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$2336</td>
</tr>
</tbody>
</table>
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from January 1, 2017
through June 30, 2017

CALIFORNIA FORM 460

Page 4 of 4

I.D. NUMBER
862148

DAILY 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.
- 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>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARKETPLACE COMMUNICATIONS</td>
<td>CMP</td>
<td>0</td>
<td>2336</td>
<td></td>
<td>-2336</td>
</tr>
<tr>
<td>SACRAMENTO, CA 95814</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **SUBTOTALS** $ | $ | 2336 | $ | -2336 |

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) .......................................................... INCURRED TOTALS $ ........ 2336

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) .......................................................... PAID TOTALS $ ........ 0

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .......................................................... NET $ ........ -2336

May be a negative number

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