

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**FILED**

COVER PAGE

**CALIFORNIA  
2001/02  
FORM 460**

APR 28 2016

Date Stamp

1/72

For Official Use Only

Statement covers period  
from 01/01/2016  
through 04/23/2016

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

06/07/2016

FRESNO COUNTY CLERK  
*[Signature]*

DEPUTY

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 5.)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- (Also Complete Part 6.)
- Primary Formed Candidate/Officeholder Committee
- (Also Complete Part 7.)

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
901204

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Clovis Police Officers Association-Political Action Committee

**Treasurer(s)**

NAME OF TREASURER  
Drew Mosher

MAILING ADDRESS

CITY Clovis STATE CA ZIP CODE 93612 AREA CODE/PHONE 559-324-2400

CITY Clovis STATE CA ZIP CODE 93613 AREA CODE/PHONE 559-324-2400

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

NAME OF ASSISTANT TREASURER, IF ANY

P.O. Box 1506

MAILING ADDRESS

CITY Clovis STATE CA ZIP CODE 93613-1506 AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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 law that the foregoing is true and correct.

Executed on 04/22/2016 By Drew Mosher  
DATE SIGNATURE OF THE TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM 460</b>
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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP \_\_\_\_\_

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE    ZIP CODE    AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE    ZIP CODE    AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**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 Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	3 / 72
	I.D. NUMBER 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 3220.00	\$ 3220.00
2. Loans Received .....	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 3220.00	\$ 3220.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 3220.00	\$ 3220.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

## Expenditures Made

		Column A	Column B
6. Payments Made .....	Schedule E, Line 4	\$ 3040.08	\$ 3040.08
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 3040.08	\$ 3040.08
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 3040.08	\$ 3040.08

## 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	\$ 62440.76
13. Cash Receipts .....	Column A, Line 3 above	3220.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
Cash Payments .....	Column A, Line 8 above	3040.08
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 62620.68
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00

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).

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
4 / 72	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	L onnie Amerian  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Craig Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ 1590.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$ 1630.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ 3220.00</b>

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	5 / 72
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Christopher Berna  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jared Binford  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/01/2016	Jared Binford  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/01/2016	James Boldt  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Scott Borsch  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	6 / 72
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Mark Bradford  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Marcus Burks  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Art Carlos  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Wa Cha  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Giuseppe Chiramonte  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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	I.D. Number 901204

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NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Kyle Christenson  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Amber Cocilova  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Rich Collins  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Dayna De Jong  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Brent Drum  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Jordan Dunn  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jeremy Edmonson  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	James Ellenberqer  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Joshua Faith  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Armond French  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	

**SUBTOTAL \$**

## Schedule A Summary

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

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# Schedule A Monetary Contributions Received

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to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  9 / 72
I.D. Number <b>901204</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	John Gamez Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Max Garces Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Feline Garcia Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Randy Gens Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Anthony Gonzalez Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		10 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Cesar Gonzalez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Shannon Griffith  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Irineo Guerra  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Thong Her  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kristian Herrick  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
11 / 72	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Drake Hodae  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jordan Hunter  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Christopher Hutchison  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Mollie Jacobsen  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	12 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Joshua Kirk  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	.Jim Koch  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Matthew Maciel  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Phil Macy  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	James David Martin  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	13 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Suzanne Martinez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Nicholas Mason  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	John McGrory  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Michael Medina  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Scott Monteiro  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
14 / 72	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
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DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Abbv Padaett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	

**SUBTOTAL \$**

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	15 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Christopher Peters  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Joshua Richards  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jacob Rios  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Samantha Rodriguez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Garrett Rogers  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	16 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	David Roseno Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Maria Saavedra Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jesus Santillan Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Curtis Shurtliff Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Dave Smith Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH- Other  
PTY - Political Party  
SCC- Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	17 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Christina Stirling  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Rvan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
18 / 72	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
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DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Ryan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	19 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Charles Wages  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	John Weaver  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Vince Weibert  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kenneth Wells  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kory Westbury  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
20 / 72	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	John Willow  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/16/2016	Jose Alvarado  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Lonnie Amerjan  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kedric Anderson  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Crain Aranas  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	21 / 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	James Boldt  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Scott Borsch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Mark Bradford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
22 / 72	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kyle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	23 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Amber Cocilova  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Rich Collins  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Davna De Jona  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Brent Drum  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jordan Dunn  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	24 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Jeremy Edmonson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	James Ellenberaer  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Joshua Faith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	25 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Felipe Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Randv Gens  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	26 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Thona Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kristjan Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Drake Hodae  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	27 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Jordan Hunter  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christopher Hutchison  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Mollie Jacobsen  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Joshua Kirk  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jim Koch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	28 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Phil Macv  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	.James David Martin  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Nicholas Mason  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____		<b>CALIFORNIA FORM 460</b>
NAME OF FILER Clovis Police Officers Association-Political Action Committee		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	John McGrory  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Michael Medina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	30 / 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Abby Padgett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Thomas Pascoe 4222 Elk Street Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		31 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	32 / 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	33 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christina Stirling  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Ryan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	34 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Rvan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Charles Wages  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	John Weaver  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	35 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Vince Weibert  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kenneth Wells  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kory Westbury  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 04/01/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	36 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Lonnie Amerian  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Craig Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	37 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Jared Binford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	James Boldt  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Scott Borsch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Mark Bradford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		38 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kyle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Amber Cocilova  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Rich Collins  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Dayna De Jong  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Brent Drum  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jordan Dunn  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jeremy Edmonson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	40 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	James Ellenberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Joshua Faith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	41 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Felipe Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Randy Gens  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	42 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Irineo Guerra Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Thong Her Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kristjan Herrick Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kristina Herzhberger Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 04/01/2016	Drake Hodge Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	43 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Jordan Hunter  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christopher Hutchison  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Mollie Jacobsen  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Joshua Kirk  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jim Koch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	44 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Phil Macy  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	James David Martin  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Nicholas Mason  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	45 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	John McGrory  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Michael Medina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	46 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Sean O'Brien Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Abby Padgett Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Thomas Pascoe Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christopher Peters Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Joshua Richards Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  47 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	48 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> 49 / 72
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christina Stirling  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Rvan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	50 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Ryan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Charles Wages  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	John Weaver  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	51 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Vince Weibert  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kenneth Wells  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Korv Westburv  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/16/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	52 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Lonnie Amerjan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Craia Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
53 / 72	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Jared Binford Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	James Boldt Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Scott Borsch Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Mark Bradford Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Marcus Burks Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	54 / 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kvle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Amber Cocilova  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  55 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Rich Collins  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Dayna De Jong  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Brent Drum  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jordan Dunn  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jeremy Edmonson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	56 / 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	James Ellenberaer  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Joshua Faith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	57 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Feline Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Randv Gens  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	58 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Thong Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kristjan Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/16/2016	Drake Hodne  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	59 / 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Jordan Hunter Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Christopher Hutchison Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Mollie Jacobsen Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Joshua Kirk Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jim Koch Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	60 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Phil Macy  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	James David Martin  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Nicholas Mason  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	61 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	John McGrory  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	62 / 72
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Abby Padgett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	63 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
64 / 72	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Keith Snarrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	65 / 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Christina Stirlina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Ryan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	66 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Rvan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Charles Waees  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	John Weaver  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Vince Weibert  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	67 / 72
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Kenneth Wells  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kory Westbury  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$ 1590.00**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

SCHEDULE D

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	68 / 72
	I.D. NUMBER 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Clovis Police Officers Association-Political Action Committee

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/05/2016	Nathan Magsig County Supervisor County  District No: 5	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		2500.00	2500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL \$ 2500.00**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 2500.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 2500.00



**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from _____  through _____	<b>CALIFORNIA FORM 460</b>
	69 / 72
	I.D. NUMBER  901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Milligan EA, Inc ID: Fresno CA 93710-8110				150.00
Don Milligan EA, Inc ID: Fresno CA 93710-8110				140.08
Don Milligan EA, Inc ID: Fresno CA 93710-8110				100.00

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	3040.08
2. Unitemized payments made this period of under \$100.	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>3040.08</b>

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from _____  through _____	<b>CALIFORNIA FORM 460</b>  70 / 72
I.D. NUMBER  901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. NUMBER 901204
--	-----------------------

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Milligan EA, Inc ID: Fresno CA 93710-8110	OFC		Online Disclosure Service	150.00
Nathan Maasia for Supervisor 2016 ID: 1382207 Fresno CA 93721				2500.00

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

**SUBTOTAL \$ 3040.08**

## Schedule E Summary

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

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  71 / 72
I.D. NUMBER  901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID:					

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

**SUBTOTALS \$** 0.00\$ 0.00\$ 0.00\$ 0.00

**Schedule F Summary**

- 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 \$** 390.08
- 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 \$** 390.08
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET \$** 0.00  
May be a negative number.

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

I.D. NUMBER

901204

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Don Milligan EA, Inc

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com ID: Washington DC 20003-1164	OFC		Online Disclosure Service	100.00
ISP ID: San Diego CA 92116	OFC		Online Disclosure Service	150.00
ID:				
ID:				
ID:				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Recipient Committee Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**FILED**  
Date Stamp

SEP 20 2016

FRESNO COUNTY CLERK  
*B. Sanchez*  
DEPUTY

**CALIFORNIA 2001/02 FORM 460**

1 / 73

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**Statement covers period**

from 01/01/2016

through 04/23/2016

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

06/07/2016

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

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

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Pre-election Statement    | <input type="checkbox"/> Quarterly Statement      |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report  |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection |
| <input checked="" type="checkbox"/> Amendment (Explain below) | Statement - Attach Form 495                       |
| See Additional Notes  |   |

**3. Committee Information**

I.D. NUMBER  
901204

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Clovis Police Officers Association-Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Clovis	CA	93612	559-324-2400

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Clovis	CA	93613-1506	

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Drew Mosher

MAILING ADDRESS  
1

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Clovis	CA	93612	559-324-2400

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 08/31/2016 By Drew Mosher  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-8-16 By D. MOSHER  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA  
FORM **460**

2 / 73

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME    I.D. NUMBER

NAME OF TREASURER    CONTROLLED COMMITTEE?  
 YES     NO

COMMITTEE ADDRESS    STREET ADDRESS (NO P.O. BOX)

CITY    STATE    ZIP CODE    AREA CODE/PHONE

COMMITTEE NAME    I.D. NUMBER

NAME OF TREASURER    CONTROLLED COMMITTEE?  
 YES     NO

COMMITTEE ADDRESS    STREET ADDRESS (NO P.O. BOX)

CITY    STATE    ZIP CODE    AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT  
 OPPOSE

**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 Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE    OFFICE SOUGHT OR HELD     SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE    OFFICE SOUGHT OR HELD     SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE    OFFICE SOUGHT OR HELD     SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE    OFFICE SOUGHT OR HELD     SUPPORT  
 OPPOSE

Attach continuation sheets if necessary

**FORM**

**F460**

**Notes**

Form/Schedule	Reference No	TEXT
F460		Member contributions updated

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	4 / 73
	I.D. NUMBER 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 3235.00	\$ 3235.00
2. Loans Received .....	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 3235.00	\$ 3235.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 3235.00	\$ 3235.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received \$	0.00	0.00
21. Expenditures Made \$	0.00	0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 3193.86	\$ 3193.86
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 3193.86	\$ 3193.86
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	-153.78	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 3040.08	\$ 3193.86

## 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	\$ 62440.76
13. Cash Receipts .....	Column A, Line 3 above	3235.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
Cash Payments .....	Column A, Line 8 above	3193.86
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 62481.90

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).

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00
-----------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	5 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Lonnie Amerjan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Craig Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$	1600.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$	1635.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	3235.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	6 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Christopher Berna Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jared Binford Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	James Boldt 1 Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Scott Borsch Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Mark Bradford Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	7 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kyle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
8 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Amber Cocilova ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Rich Collins 1 st Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Dayna De Jong ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Brent Drum  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jordan Dunn 1 Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		9 / 73
		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Jeremy Edmonson  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	James Ellenberger  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Joshua Faith  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Armond French  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	John Gamez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		10 / 73
		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Max Garces Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Felipe Garcia Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Randy Gens Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Anthony Gonzalez Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Cesar Gonzalez Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> 11 / 73
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Shannon Griffith Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Irineo Guerra Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Thonn Her Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kristjan Herrick Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kristina Hershberger Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		12 / 73
		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Drake Hodae Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jordan Hunter Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Christopher Hutchison Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Mollie Jacobsen Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Joshua Kirk Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		13 / 73
		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Jim Koch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Phil Macy  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	James David Martin  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	

**SUBTOTAL \$**

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	15 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Abby Padgett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	14 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Nicholas Mason Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	John McGrory Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Michael Medina Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Scott Monteiro Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Drew Mosher Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	16 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Joshua Richards Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jacob Rios Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Samantha Rodriguez Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Garrett Rogers Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	David Rosano Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
17 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	18 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Christina Stirling  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Ryan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	19 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Rvan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Charles Wages  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
20 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/01/2016	John Weaver  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Vince Weibert  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kenneth Wells  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	Kory Westbury  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 03/01/2016	John Willow  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
21 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Lonnie Amerjan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Craig Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
22 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jared Binford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	James Boldt  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Scott Borsch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Mark Bradford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	23 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Art Carlos 1222 5th Street  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kyle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	24 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Amber Cocilova Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Rich Collins Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Dayna De Jona Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Brent Drum Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jordan Dunn Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	25 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Jeremy Edmonson  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	James Ellenberger  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Joshua Faith  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Armond French  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	John Gamez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	26 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Max Garces ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Felipe Garcia ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Randy Gens ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Anthony Gonzalez ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Cesar Gonzalez ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	27 / 73
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Shannon Griffith  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Irineo Guerra  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Thonn Her  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kristjan Herrick  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kristina Hershberger  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	28 / 73
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Drake Hodge Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jordan Hunter Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christopher Hutchison Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Mollie Jacobsen Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Joshua Kirk Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	29 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Jim Koch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Phil Macy 1220 ... Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	James David Martin  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
30 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Nicholas Mason  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	John McGrory  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Michael Medina  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Scott Monteiro  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Drew Mosher  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
31 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	James Munro  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Sean O'Brien  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Abbv Padgett  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Thomas Pascoe  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christopher Peters t Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	32 / 73
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	33 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Maria Saavedra Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jesus Santillan Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Curtis Shurtliff Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Dave Smith Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Jason Smoak Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
34 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Scott Sobel Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Keith Sparrow Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Christina Stirling Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Ryan Swank Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Eric Taifane Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	35 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Anael Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Ryan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Charles Waaes  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	36 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 03/16/2016	John Weaver  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Vince Weibert  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kenneth Wells  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	Kory Westbury  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 03/16/2016	John Willow  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	37 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Jose Alvarado  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Lonnie Amerjan  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kedric Anderson  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Craig Aranas  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Richard Ashcraft  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	38 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Christopher Berna Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jared Binford Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	James Boldt Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Scott Borsch Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Mark Bradford Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
39 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Marcus Burks Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Art Carlos Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Wa Cha Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Giuseppe Chiramonte Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kyle Christenson Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	40 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Amber Cocilova  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Rich Collins  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Dayna De Jong  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Brent Drum  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jordan Dunn  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
41 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Jeremy Edmonson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	James Ellenberger 1222 5th Street Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Joshua Faith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Armond French ----- Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	42 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Felipe Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Randy Gens t  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
43 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Thong Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kristian Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
44 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Drake Hodae  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jordan Hunter 1222 5th Street  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christopher Hutchison  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Mollie Jacobsen  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Joshua Kirk  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
45 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Jim Koch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Phil Macv  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	James David Martin  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	46 / 73
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Nicholas Mason  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	John McGrory  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Michael Medina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
47 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	James Munro  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Sean O'Brien  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Abby Padgett  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Thomas Pascoe  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christopher Peters  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
48 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Joshua Richards  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jacob Rios  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Samantha Rodriguez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Garrett Rogers  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	David Roseno  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	49 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	50 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Scott Sobel  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Keith Sparrow  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Christina Stirling  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Ryan Swank  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Fric Taifane  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	51 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Ryan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Charles Wages  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	52 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/01/2016	John Weaver  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Vince Weibert  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kenneth Wells  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	Kory Westbury  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
Rcpt Dt: 04/01/2016	John Willow  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	35.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	53 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Lonnie Amerian  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Craig Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	54 / 73
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Christopher Berna  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jared Binford  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	James Boldt  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Scott Borsch  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Mark Bradford  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH- Other  
PTY - Political Party  
SCC- Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	55 / 73
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kvle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
56 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Amber Cocilova  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Rich Collins  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Dayna De Jong  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Brent Drum 1  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jordan Dunn  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	57 / 73
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Jeremy Edmonson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	James Ellenberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Joshua Faith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
58 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Max Garces  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Felipe Garcia  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Randy Gens  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Anthony Gonzalez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Cesar Gonzalez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	59 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Thong Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kristjan Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
60 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Drake Hodge  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jordan Hunter  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Christopher Hutchison  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Mollie Jacobsen  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Joshua Kirk  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	61 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Jim Koch Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Matthew Maciel Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Phil Macy Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	James David Martin Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Suzanne Martinez Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	62 / 73
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Nicholas Mason  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	John McGrovoy  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Michael Medina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Drew Mosher 1 Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
63 / 73	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Abby Padgett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	64 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	65 / 73
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH- Other  
PTY - Political Party  
SCC- Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	66 / 73
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Christina Stirling  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Rvan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH- Other  
PTY - Political Party  
SCC- Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
67 / 73	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Ryan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Charles Waes  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	68 / 73
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 04/16/2016	John Weaver  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Vince Weibert  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Kenneth Wells  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	Korv Westburv  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
Rcpt Dt: 04/16/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	40.00	
<b>SUBTOTAL \$</b>				1600.00		

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

SCHEDULE D

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	69 / 73
	I.D. NUMBER 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Clovis Police Officers Association-Political Action Committee

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/05/2016	Nathan Magsig County Supervisor County  District No: 5	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		2500.00	2500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

<b>SUBTOTAL \$</b>	2500.00	
--------------------	---------	--

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 2500.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 2500.00

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	70 / 73
	I.D. NUMBER 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Clovis Police Officers Association-Political Action Committee

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Milligan EA, Inc ID: Fresno CA 93710-8110	OFC		Online Disclosure Service	150.00
Don Milligan EA, Inc ID: Fresno CA 93710-8110	PRO			140.08
Don Milligan EA, Inc ID: Fresno CA 93710-8110	OFC		Online Disclosure Service	100.00

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	3193.86
2. Unitemized payments made this period of under \$100.	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>3193.86</b>

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
	71 / 73
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. NUMBER 901204	

SEE INSTRUCTIONS ON REVERSE

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Milligan EA, Inc ID: Fresno CA 93710-8110	PRO		Invoice 1904	153.78
Don Milligan EA, Inc ID: Fresno CA 93710-8110	OFC		Online Disclosure Service	150.00
Nathan Magsig for Supervisor 2016 ID: 1382207 Fresno CA 93721				2500.00

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

**SUBTOTAL \$ 3193.86**

**Schedule E Summary**

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

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  72 / 73
I.D. NUMBER  901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID:					

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

<b>SUBTOTALS \$</b>	<b>0.00 \$</b>	<b>0.00 \$</b>	<b>0.00 \$</b>	<b>0.00</b>
---------------------	----------------	----------------	----------------	-------------

**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.)                     | <b>INCURRED TOTALS \$</b> | <u>390.08</u>  |
| 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.) | <b>PAID TOTALS \$</b>     | <u>543.86</u>  |
| 3. Net change this period. <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$</b>             | <u>-153.78</u><br><small>May be a negative number.</small> |

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
73 / 73	
I.D. NUMBER 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Clovis Police Officers Association-Political Action Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Don Milligan EA, Inc

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com ID: Washington DC 20003-1164	OFC		Online Disclosure Service	100.00
ISP ID: San Diego CA 92116	OFC		Online Disclosure Service	150.00
ID:				
ID:				
ID:				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED	Date Stamped	<b>CALIFORNIA</b>	<b>2001/02</b>	<b>FORM</b>	<b>460</b>
	MAY 26 2016				1 / 37
	FRESNO COUNTY CLERK <i>Manich</i> DEPUTY				For Official Use Only

Statement covers period  
from 04/24/2016  
through 05/21/2016

Date of election if applicable:  
(Month, Day, Year)  
06/07/2016 By \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement             | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement             | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)         |  |

**3. Committee Information**

I.D. NUMBER  
901204

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Clovis Police Officers Association-Political Action Committee

ADDRESS (NO P.O. BOX)

CITY Clovis	STATE CA	ZIP CODE 93612	AREA CODE/PHONE 559-324-2400
----------------	-------------	-------------------	---------------------------------

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 1506

CITY Clovis	STATE CA	ZIP CODE 93613-1506	AREA CODE/PHONE
----------------	-------------	------------------------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Drew Mosher

MAILING ADDRESS

CITY Clovis	STATE CA	ZIP CODE 93612	AREA CODE/PHONE 559-324-2400
----------------	-------------	-------------------	---------------------------------

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 law that the foregoing is true and correct.

Executed on 05/24/2016 By Drew Mosher  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM 460</b>
2 / 37

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY                      STATE                      ZIP \_\_\_\_\_

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE    ZIP CODE    AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE    ZIP CODE    AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

**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 Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		3 / 37
NAME OF FILER Clovis Police Officers Association-Political Action Committee		I.D. NUMBER 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Clovis Police Officers Association-Political Action Committee

I.D. NUMBER

901204

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 810.00	\$ 4030.00
2. Loans Received .....	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 810.00	\$ 4030.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	810.00	\$ 4030.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made .....	Schedule E, Line 4	\$ 931.30	\$ 3971.38
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 931.30	\$ 3971.38
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 931.30	\$ 3971.38

## 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	\$ 62620.68
13. Cash Receipts .....	Column A, Line 3 above	810.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
Cash Payments .....	Column A, Line 8 above	931.30
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 62499.38

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).

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	4 / 37
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Lonnie Amerian  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Craig Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 810.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	<b>TOTAL \$ 810.00</b>

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	5 / 37

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jared Binford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James Boldt  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Scott Borsch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Mark Bradford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	6 / 37
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Nicholas Campbell  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 05/01/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  7 / 37
I.D. Number <b>901204</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Kyle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Amber Cocilova  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Rich Collins  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Dayna De Jong  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Brent Drum  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	8 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Jordan Dunn  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jeremy Edmonson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James Ellenberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Joshua Faith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	9 / 37
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Felipe Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Randv Gens  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	10 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Thong Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kristian Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	11 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Drake Hodge  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jordan Hunter  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Christopher Hutchison  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Mollie Jacobsen  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	12 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Joshua Kirk  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jim Koch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Phil Macy  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James David Martin  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	13 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Nicholas Mason  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	John McGrov  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Michael Medina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	14 / 37
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Ahvh Padgett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	15 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	16 / 37
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	17 / 37
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Christina Stirlina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Ryan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
18 / 37	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Annel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Rvan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		19 / 37
NAME OF FILER Clovis Police Officers Association-Political Action Committee		I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Charles Wages  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	John Weaver  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Vince Weihert  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kenneth Wells  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kory Westbury  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	20 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/16/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Lonnie Amerjan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Crain Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	21 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jared Binford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	James Boldt  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Scott Borsch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	22 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Mark Bradford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Nicholas Cambell  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 05/16/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	23 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kyle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Amber Cocilova  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Rich Collins  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Dayna De Jong  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	24 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Brent Drum  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jordan Dunn  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jeremv Edmonson  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	James Ellenberger  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Joshua Faith  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	25 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Felipe Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Randv Gens  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	26 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Thonn Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
27 / 37	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Kristian Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Drake Hodge  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jordan Hunter  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Hutchison  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	28 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Mollie Jacobsen  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Joshua Kirk  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jim Koch  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Matthew Maciel  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Phil Macv  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	29 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	James David Martin  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Suzanne Martinez  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Nicholas Mason  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	John McGrory  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Michael Medina  Clovis ID: CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	30 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Scott Montano  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Drew Mosher  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	James Munro  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Sean O'Brien  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Abby Padgett  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	31 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Samantha Rodriquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	32 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	33 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christina Stirling  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	34 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Ryan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	35 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Rvan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Charles Wages  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	.John Weaver  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Vince Weibert  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kenneth Wells  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	36 / 37
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Kory Westbury  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

**SUBTOTAL \$ 810.00**

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
	37 / 37
	I.D. NUMBER
	901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Clovis Police Officers Association-Political Action Committee

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Milligan EA, Inc ID: Fresno CA 93710-8110	PRO		Invoice 1816	931.30

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

**SUBTOTAL \$ 931.30**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	931.30
2. Unitemized payments made this period of under \$100.	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>931.30</b>

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

Type or print in ink.

COVER PAGE

<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILE</div> <p style="font-size: 0.8em;">Date Stamp</p> <p style="font-size: 1.2em; font-weight: bold;">SEP 20 2016</p>	<div style="border: 1px solid black; padding: 2px;"> <p style="font-size: 0.8em; margin: 0;">CALIFORNIA 2001/02 FORM</p> <p style="font-size: 2em; font-weight: bold; margin: 0;">460</p> </div>
<p style="font-size: 0.8em;">1 / 38</p> <p style="font-size: 0.8em;">For Official Use Only</p>	
<p style="font-size: 0.8em;">By <u>FRESNO COUNTY CLERK</u> <i>Shanick</i> DEPUTY</p>	

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input checked="" type="checkbox"/> Amendment (Explain below)<br>See Additional Notes | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

**3. Committee Information**

I.D. NUMBER  
901204

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Clovis Police Officers Association-Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY Clovis	STATE CA	ZIP CODE 93612	AREA CODE/PHONE 559-324-2400
----------------	-------------	-------------------	---------------------------------

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

CITY Clovis	STATE CA	ZIP CODE 93613-1506	AREA CODE/PHONE
----------------	-------------	------------------------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Drew Mosher

MAILING ADDRESS

CITY Clovis	STATE CA	ZIP CODE 93612	AREA CODE/PHONE 559-324-2400
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 08/31/2016 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 9-8-16 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM 460</b>
2 / 38

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY                      STATE                      ZIP \_\_\_\_\_

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE    ZIP CODE    AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE    ZIP CODE    AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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 Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**FORM****F460****Notes**

Form/Schedule	Reference No.	TEXT
F460		Member contributions updated

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	4 / 38
	I.D. NUMBER 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 840.00	\$ 4075.00
2. Loans Received .....	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 840.00	\$ 4075.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	840.00	\$ 4075.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

**Expenditures Made**

		Column A	Column B
6. Payments Made .....	Schedule E, Line 4	\$ 931.30	\$ 4125.16
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 931.30	\$ 4125.16
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 931.30	\$ 4125.16

**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	\$ 62481.90
13. Cash Receipts .....	Column A, Line 3 above	840.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
Cash Payments .....	Column A, Line 8 above	931.30
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 62390.60

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).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	5 / 38
NAME OF FILER Clovis Police Officers Association-Political Action Committee	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Lonnie Amerjan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kedric Anderson 1 Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Craig Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$	810.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$	30.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	840.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	6 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jared Binford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James Boldt  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Scott Borsch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Mark Bradford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	7 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Nicholas Campbell  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	25.00	
Rcpt Dt: 05/01/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	8 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Kyle Christenson Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Amber Cocilova Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Rich Collins Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Dayna De Jong Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Brant Drum Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Jordan Dunn  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jeremy Edmonson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James Ellenberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Joshua Faith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
10 / 38	
NAME OF FILER Clovis Police Officers Association-Political Action Committee	
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Feline Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Randv Gens  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	11 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Thong Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kristjan Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	12 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Drake Hodge  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jordan Hunter  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Christopher Hutchison  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Mollie Jacobsen  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	13 / 38
I.D. Number <b>901204</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Joshua Kirk  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jim Koch  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Matthew Maciel  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Phil Macv  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James David Martin  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	14 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Suzanne Martinez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Nicholas Mason  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	John McGrory  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Michael Medina  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	15 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Abby Padgett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	16 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	17 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	18 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Jason Smoak Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Scott Sobel Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Keith Sparrow Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Christina Stirling Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Rvan Swank Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	19 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Angel Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Rvan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	20 / 38
I.D. Number <b>901204</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	Charles Waaes  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	John Weaver  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Vince Weibert  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kenneth Wells  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/01/2016	Kory Westbury  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	21 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/01/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	45.00	
Rcpt Dt: 05/16/2016	Jose Alvarado  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Lonnie Amerjan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kedric Anderson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Crain Aranas  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	22 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Richard Ashcraft  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Berna  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jared Rinford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	James Boldt  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Scott Borsch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	23 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Mark Bradford  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Marcus Burks  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Nicholas Campbell  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	30.00	
Rcpt Dt: 05/16/2016	Art Carlos  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Wa Cha  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	24 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Giuseppe Chiramonte  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kyle Christenson  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Amber Cocilova  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Rich Collins  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Davna De Jong  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	25 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Brent Drum Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jordan Dunn Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jeremy Edmonson Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	James Ellenberger Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Joshua Faith Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	26 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Armond French  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	John Gamez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Max Garces  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Felipe Garcia  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Randy Gens  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	27 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Anthony Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Cesar Gonzalez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Shannon Griffith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Irineo Guerra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Thong Her  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	28 / 38
I.D. Number <b>901204</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Kristjan Herrick  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kristina Hershberger  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Drake Hodge  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jordan Hunter  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Hutchison  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	29 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Mollie Jacobsen  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Joshua Kirk  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jim Koch  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Matthew Maciel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Phil Macv  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	30 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	James David Martin  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Suzanne Martinez  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Nicholas Mason  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	John McGrory  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Michael Medina  Clovis CA 93612 Clovis ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	31 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Scott Monteiro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Drew Mosher  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	James Munro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Sean O'Brien  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Abby Padgett  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	32 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Thomas Pascoe  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Peters  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Joshua Richards  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jacob Rios  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Samantha Rodriguez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	33 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Garrett Rogers  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	David Roseno  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcemnt  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Maria Saavedra  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jesus Santillan  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Curtis Shurtliff  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	34 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Dave Smith  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Jason Smoak  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Scott Sobel  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Keith Sparrow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christina Stirling  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	35 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Ryan Swank  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Eric Taifane  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Christopher Taliaferro  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Anael Velasquez  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Martin Vieira  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	36 / 38
	I.D. Number 901204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Ryan Wade  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Charles Wages  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	John Weaver  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Vince Weibert  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	Kenneth Wells  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	37 / 38
I.D. Number 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clovis Police Officers Association-Political Action Committee

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/16/2016	Kory Westbury  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	
Rcpt Dt: 05/16/2016	John Willow  Clovis CA 93612 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement  City of Clovis	5.00	50.00	

<b>SUBTOTAL \$</b>	810.00
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**Schedule A Summary**

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

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
38 / 38	
I.D. NUMBER 901204	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Clovis Police Officers Association-Political Action Committee

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Milligan EA, Inc ID: Fresno CA 93710-8110	PRO		Invoice 1816	931.30

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

**SUBTOTAL \$ 931.30**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 931.30
2. Unitemized payments made this period of under \$100.	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 931.30</b>