Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2017 through06/30/2017	Date of election if applicable: (Month, Day, Year)	Date Stamp E-Filed 07/20/2017 16:44:19 Filing ID: 165465594	FO Page	COVER PAGE
1. Type of Recipient Committee: All Committees –	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
<ul> <li>Officeholder, Candidate Controlled Committee</li> <li>State Candidate Election Committee</li> <li>Recall (Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul>	<ul> <li>Primarily Formed Ballot Measure Committee</li> <li>Controlled</li> <li>Sponsored (Also Complete Part 6)</li> <li>Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)</li> </ul>	<ul> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement (Also file a Form 410 Termination Compared to the second statement)</li> <li>Amendment (Explain b)</li> </ul>	ermination)	Quarterly Stater Special Odd-Ye Supplemental P Statement - Atta	ear Report Preelection
3. Committee Information	I.D. NUMBER 861499	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Fresno Police Officers Association Politic STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Kari Stone MAILING ADDRESS CITY	STATE 2	ZIP CODE	AREA CODE/PHONE
		Fresno	CA	93728	(559)442-3762
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
Fresno CA 93 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	3728 (559)442-3762 D. BOX	MAILING ADDRESS			
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE 2	ZIP CODE	AREA CODE/PHONE
Sacramento CA 95	5814				
OPTIONAL: FAX / E-MAIL ADDRESS info@olsonhagel.com		OPTIONAL: FAX / E-MAIL ADDF	RESS		
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor Executed on <u>07/10/2017</u> Date	rnia that the foregoing is true and correct. By <u>Kari Stone</u>	Signature of Treasurer or Assistant	Treasurer		and complete. I certify
Executed on	By <u>Karl Stone</u> Signature of C	e ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sp	oonsor	

By \_\_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Ву \_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Executed on

Date

Date

CALIF FC	FORNI DRM	<sup>A</sup> 2	60
Page _	2	_ of _	10

NAME OF OFFICEHOLDER OR CANE	DIDATE			
OFFICE SOUGHT OR HELD (INCLUD	E LOCATION AND DIS	TRICT NUMBE	R 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 make expenditures on behalf of your candidacy.* 

COMMITTEE NAME		I.D. N	UMBER	
NAME OF TREASURER		CONT	ROLLED COMMITTEE?	
			YES 🗌 NO	
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHO	NE
COMMITTEE NAME			UMBER	
		1.D. N	UNDER	
NAME OF TREASURER		CONT	ROLLED COMMITTEE?	
			YES 🗌 NO	
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHO	NE

#### 6. Primarily Formed Ballot Measure Committee

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page		Amounts may be rounded to whole dollars.			Statement covers period from01/01/2017		CALIFORNIA 460	
				thro	ough _	06/30/2017	Page of0	
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER	
Fresno Police Officers Association Political Action Committee							861499	
Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE			nmary for Candidates he State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	22,445.85	\$	22,445.				
2. Loans Received Schedule B, Line 3		0.00		0.	00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	22,445.85	\$	22,445.	85	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.	00	21 Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	22,445.85	\$	22,445.		Made \$	\$	
Expenditures Made						Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	5,363.95	\$	5,363.		Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.	00	22 Cumulati	ve Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,363.95	\$	5,363.	95		o Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.	00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.	00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	5,363.95	\$	5,363.	95	///////	\$	
Current Cash Statement						//	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	7,265.56	Тс	calculate Column B,	add			
13. Cash Receipts Column A, Line 3 above		22,445.85	ar	nounts in Column A to prresponding amounts	o the			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your	last	*Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments Column A, Line 8 above		5,363.95		port. Some amounts olumn A may be nega	in			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	24,347.46	fig	jures that should be ibtracted from previou				
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. If this e first report being file	is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, or arry over the amounts	only			
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 ( ny).				
18. Cash Equivalents See instructions on reverse	\$	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00						

Schedule	Α						SCHEDULE
Monetary Contributions Received			s may be rounded whole dollars.	Statement cov	-		FORNIA 460
SEE INSTRUCTIO	ONS ON REVERSE			through	2017	Page _	4 of10
NAME OF FILER						I.D. NU	MBER
Fresno Poli	ce Officers Association Political Action Committe	e				86149	9
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 0.00			
1. Amount re (Include a	<b>A Summary</b> eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			0.00		(other t	l nt Committee han PTY or SCC) e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			22,445.85			ontributor Committee

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole do		Statement covers from01/01/20 through06/30/20	17	CALIFORNIA 460 FORM 460		
NAME OF FILER	R ice Officers Association Political Action Commi	ttee				I.D. NUMB 861499	ER	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
05/02/2017	Frank Bigelow State Assembly Person District: 5 X Support Oppose	<ul> <li>Monetary Contribution</li> <li>Nonmonetary Contribution</li> <li>Independent Expenditure</li> </ul>		450.00		450.00 ₽	2018 \$450.00	
04/18/2017	Fresno County Democratic Central Committee	<ul> <li>Monetary Contribution</li> <li>Nonmonetary Contribution</li> <li>Independent Expenditure</li> </ul>		450.00		450.00		
02/27/2017	Lisa Smittcamp District Attorney Fresno County X Support Oppose	<ul> <li>Monetary Contribution</li> <li>Nonmonetary Contribution</li> <li>Independent Expenditure</li> </ul>		500.00		500.00		
			SUBTOTAL	\$ 1,400.00				

## Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	2,350.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	2,350.00

ement covers 01/01/20 06/30/20	unded 5.	2017	CALIFC FOR	
			I.D. NUMB	ER
		1	861499	
DUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	CUMULATIVE CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
450.00		0	450.00	
500.00		0	500.00	
	SUBTOTAL \$	950.0	950.00	950.00

Schedule E Payments Made	Amounts may be rounded	Statem	ent covers period	CALIFORNIA FORM 46	
	to whole dollars.	from	01/01/2017	FORM 40	
SEE INSTRUCTIONS ON REVERSE		through	06/30/2017	Page of0	_
NAME OF FILER		<b>I</b>		I.D. NUMBER	
Fresno Police Officers Association Political	l Action Committee			861499	

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DR DESCR	RIPTION OF PAYMENT	AMOUNT PAID
Friends of Frank Bigelow for Assembly 2018 (ID# 1392565) O'Neals, CA 93645	CTB			450.0
Fresno County Democratic Central Committee (ID# 743910) Roseville, CA 95661	CTB			450.0
Lisa Smittcamp for District Attorney 2018 (ID# 1361590) Fresno, CA 93710	CTB			500.0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOT	AL\$ 1,400.0

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	5,338.95
2. Unitemized payments made this period of under \$100 \$	25.00
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.)	5,363.95

Schedule E	SCHEDULE E (CONT.)		
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	· · · · · ·		
SEE INSTRUCTIONS ON REVERSE		through06/30/2017	Page8 of10
NAME OF FILER			I.D. NUMBER
Fresno Police Officers Association Political Action Co	mmittee		861499
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. Ot	therwise, describe the payment	i.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	S
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		es 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 cos	ts (internet, e-mail)

- LEG legal defense LT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-4602	PRO		761.66
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-4602	PRO		789.94
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-4602	PRO		603.97
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-4602	PRO		252.00
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-4602	PRO		241.66
* Pourports that are contributions or independent expanditures must also be summ			

SUBTOTAL \$ 2,649.23

\_\_\_\_

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		from	Other         Other <th< th=""><th>CALIFO FOR</th><th>RM 400</th></th<>	CALIFO FOR	RM 400	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugn		<u>9</u> of <u>10</u>
						I.D. NUME	
Fresno Police Officers Association Political Action Com	nmittee					861499	)
CODES:       If one of the following codes accurately describe         CMP       campaign paraphernalia/misc.         CNS       campaign consultants         CTB       contribution (explain nonmonetary)*         CVC       civic donations         FIL       candidate filing/ballot fees         FND       fundraising events         IND       independent expenditure supporting/opposing others (explain)*         LEG       legal defense         LIT       campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear ivery and me	95	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and productio returned contributions campaign workers' salarie t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging	n costs s oduction cost nd meals , and meals es of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-4602		PRO					339.72
Sal Quintero for Supervisor 2020 (ID# 1380248) Fresno, CA 93721		СТВ					450.00
Republican Party of Fresno County (State) (ID# 741921) Fresno, CA 93704		CTB					500.00

Additional Comments For Form 460	ADDITIONAL COMMENTS CALIFORNIA FORM 460
	Page of
NAME OF FILER	I.D. NUMBER
Fresno Police Officers Association Political Action Committee	861499

Schedule A - Fresno Police Officers Association, 994 North Van Ness Avenue, Fresno, CA 93728, is the intermediary for all contributions.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from 07/01/2017 through 12/31/2017	Date of election if applicable: (Month, Day, Year)	Date Stamp E-Filed 01/31/2018 14:22:24 Filing ID: 168363482	COVER PAGE CALIFORNIA 460 FORM Page 1 of 9 For Official Use Only
○ State Candidate Election Committee       O         ○ Recall       (         (Also Complete Part 5)       (         ☑ General Purpose Committee       (         ③ Sponsored       □         ③ Small Contributor Committee       0	primarily Formed Ballot Measure         Committee         Controlled         Sponsored         Also Complete Part 6)         Primarily Formed Candidate/         Officeholder Committee         Also Complete Part 7)	2. Type of Statement: □ Preelection Statement ☑ Semi-annual Statement □ Termination Statement (Also file a Form 410 Te □ Amendment (Explain be	ermination)	uarterly Statement ecial Odd-Year Report pplemental Preelection atement - Attach Form 495
3. Committee Information	D. NUMBER 861499 . Action Committee	Treasurer(s) NAME OF TREASURER Kari Stone MAILING ADDRESS CITY	STATE ZIP	CODE AREA CODE/PHONE
CITY STATE ZIP CC	DDE AREA CODE/PHONE	Fresno NAME OF ASSISTANT TREASUF		3728 (559)442-3762
Fresno CA 9372 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		MAILING ADDRESS		
CITY STATE ZIP CC Sacramento CA 9581 OPTIONAL: FAX / E-MAIL ADDRESS		CITY		CODE AREA CODE/PHONE
info@olsonhagel.com		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi		owledge the information contained her	rein and in the attached sche	dules is true and complete. I certify
Executed on	By <u>Kari Stone</u>	Signature of Treasurer or Assistant	Treasurer	
Executed on	By <u>Kari Stone</u> Signature of Co	ntrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spons	or

Date By \_

Ву \_

Executed on \_\_\_\_\_ Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_

	Forni/ Orm	<sup>4</sup> /	16	0
Page .	2	of _	9	

5. Officeholder or Candidate Controlled Committee	e
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NAME OF OFFICEHOLDER OR CANDID	ATE			
OFFICE SOUGHT OR HELD (INCLUDE L	OCATION AND DISTR	ICT NUMBER IF APP	PLICABLE)	
RESIDENTIAL/BUSINESS ADDRESS (N	IO. 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 make expenditures on behalf of your candidacy.* 

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			Sec. Yes	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (N	NO P.O. BO	X)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			☐ YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (N	NO P.O. BO	X)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
	UIAIL	21 00		

#### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

DFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page		Amounts may be rounded to whole dollars.			ement covers period	CALIFORNIA FORM 46	
SEE INSTRUCTIONS ON REVERSE				through	12/31/2017	Page of9	
NAME OF FILER						I.D. NUMBER	
Fresno Police Officers Association Political Action Committee						861499	
Contributions Received	(F	Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	21,507.65	\$	43,953.50			
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	21,507.65	\$	43,953.50	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	21,507.65	\$	43,953.50	Made \$	\$	
Expenditures Made					Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	2,639.07	\$	8,003.02	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulati	ve Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2,639.07	\$	8,003.02		o Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	2,639.07	\$	8,003.02	///////	\$	
Current Cash Statement					///////	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	24,347.46	Тс	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		21,507.65	ar	nounts in Column A to the prresponding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your last	*Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments Column A, Line 8 above		2,639.07		port. Some amounts in plumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	43,216.04	fig	lures that should be libtracted from previous			
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. If this is efficient field amounts is first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only arry over the amounts			
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if ny).			
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			1		

Schedule	A						SCHEDULE A	
Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover	-	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/2	017	Page	4 of9	
NAME OF FILER						I.D. NU	JMBER	
Fresno Poli	ce Officers Association Political Action Committe	ee				86149	99	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	0.00				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND - COM	(other		
	eceived this period – unitemized monetary contribution	s of less than \$	§100\$	21,507.65	PTY	– Politica	l Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)		21,507.65	LSCC	- Small C	Contributor Committee	

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Supportin Candidate	r of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole do		Statement covers from07/01/20 through12/31/20	)17	CALIFO FOR Page	5 of
	ce Officers Association Political Action Commi	ttee				I.D. NUMI 861499	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
08/18/2017	Fresno Chamber Political Action Committee	<ul> <li>Monetary Contribution</li> <li>Nonmonetary Contribution</li> <li>Independent Expenditure</li> <li>Monetary Contribution</li> <li>Nonmonetary Contribution</li> <li>Independent Expenditure</li> </ul>		300.00		300.00	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$ 300.00			

## Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	300.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	300.00

Schedule E	Amounts may be rounded	Statem	ent covers period	CALIFORNIA 460	
Payments Made	to whole dollars.	from	07/01/2017	FORM <b>400</b>	
SEE INSTRUCTIONS ON REVERSE		through .	12/31/2017	Page6 of9	
NAME OF FILER				I.D. NUMBER	
Fresno Police Officers Association Political Act:	ion Committee			861499	

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
Gary Beer Fresno, CA 93728		Travel Expenses		210.00
Todd Fraizer Fresno, CA 93728		Travel Expenses		210.00
Fresno Chamber Political Action Committee (ID# 820784) Fresno, CA 93721	СТВ			300.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL			SUBTOTAL\$	720.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	2,589.07
2. Unitemized payments made this period of under \$100 \$	50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$	2,639.07

Schedule E			SCHEDULE E (CONT.)			
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460			
Payments Made	to whole dollars.	from07/01/2017	FORM 400			
SEE INSTRUCTIONS ON REVERSE		through12/31/2017	Page7 of9			
NAME OF FILER			I.D. NUMBER			
Fresno Police Officers Association Political Act	ion Committee		861499			
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	n costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	3			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	oduction costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, ar				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	, and meals			
IND independent expenditure supporting/opposing others (exp		TSF transfer between committee	es of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				

PRT

print ads

- app legal defense LEG
  - LIT campaign literature and mailings
- NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Olson Hagel & Fishburn, LLP PRO 297.60 Sacramento, CA 95814-4602 Olson Hagel & Fishburn, LLP PRO 396.29 Sacramento, CA 95814-4602 295.92 Olson Hagel & Fishburn, LLP PRO Sacramento, CA 95814-4602 Olson Hagel & Fishburn, LLP PRO 324.16 Sacramento, CA 95814-4602 Olson Hagel & Fishburn, LLP PRO 190.20 Sacramento, CA 95814-4602

SUBTOTAL \$ 1,504.17

WEB information technology costs (internet, e-mail)

Schedule E					S	CHEDULE E (CONT.)	
		be rounded		Si	tatement covers period	CALIFORNIA 460	
Payments Made				from07/01/2017		FOR	
SEE INSTRUCTIONS ON REVERSE				throu	igh12/31/2017	Page	8 of
NAME OF FILER						I.D. NUMBE	R
Fresno Police Officers Association Political Action Comm	littee					861499	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	y describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production PHO phone banks TRC candidate travel, lodging, and mea POL polling and survey research TRS staff/spouse travel, lodging, and mea POL polsage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads WEB			costs duction costs d meals and meals s of the sam			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DES	SCRIPTIO	IN OF PAYMENT		AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-4602		PRO					154.90
- Israel Reyes Fresno, CA 93728			Travel Expenses				210.00

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Additional Comments For Form 460	Additional comments CALIFORNIA FORM 460
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NAME OF FILER	I.D. NUMBER
Fresno Police Officers Association Political Action Committee	861499

Schedule A - Fresno Police Officers Association, 994 North Van Ness Avenue, Fresno, CA 93728, is the intermediary for all contributions.