Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from01/01/2020 through02/15/2020	Date of election if applicable: (Month, Day, Year)	Date Stamp E-Filed 02/19/2020 17:36:29 Filing ID: 186998441	COVER PA
	······································	·		
 State Candidate Election Committee Recall (Also Complete Part 5) Image: Second second	omplete Parts 1, 2, 3, and 4. 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 Termination bit) Amendment (Explain bit) 	,	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information		Treasurer(s) NAME OF TREASURER Kari Stone MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Fresno	STATE	ZIP CODE AREA CODE/PHO 93728 (559)442-3
CITY STATE ZIP C Fresno CA 937 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	28 (559)442-3762	NAME OF ASSISTANT TREASUF	RER, IF ANY	
CITY STATE ZIP C Sacramento CA 958	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHO
OPTIONAL: FAX / E-MAIL ADDRESS info@olsonhagel.com	<u> </u>	OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ		owledge the information contained her	rein and in the attached so	chedules is true and complete. I certify
Executed on	By <u>Kari Stone</u>	Signature of Treasurer or Assistant	Treasurer	
Executed on	By <u>Kari</u> Stone Signature of Co	entrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sp	ponsor

Executed on _ By . Date Signature of Controlling Officeholder, Candidate, State Measure Proponent Ву _ Executed on Date Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)

	Forni/ Orm	^A 2	160
Page _	2	of _	7

5.	Officeholder or	Candidate Controlled Committee	
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NAME OF OFFICEHOLDER OR CANE	DIDATE			
OFFICE SOUGHT OR HELD (INCLUD	E LOCATION AND DIS	TRICT NUMBE	ER 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		1.0	D. NUMBER	२
NAME OF TREASURER		C	ONTROLLE	D COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE		AREA CODE/PHONE
COMMITTEE NAME		1.L	D. NUMBER	K
NAME OF TREASURER		C	ONTROLLE	D COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE		AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF B	ALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT

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.			01/01/2020	CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE				throu	ugh02/15/2020	Page <u>3</u> of <u>7</u>		
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		mmary for Candidates he State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$	11,495.10	\$	11,495.1	.0			
2. Loans Received Schedule B, Line 3		0.00		0.0	1/1	through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	11,495.10	\$	11,495.1	0 20. Contributions	\$		
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.0	21 Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	11,495.10	\$	11,495.1		\$		
Expenditures Made					Expenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4	\$	10,526.25	\$	10,526.2		• • • • • •		
7. Loans Made Schedule H, Line 3		0.00		0.0		ive Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	10,526.25	\$	10,526.2	(If Subject	to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.0		Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.0	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	10,526.25	\$	10,526.2	<u></u>	\$		
Current Cash Statement					///	\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	59,874.31	Т	o calculate Column B, a	dd			
13. Cash Receipts Column A, Line 3 above		11,495.10	a	nounts in Column A to prresponding amounts	the			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fr	om Column B of your la	ast reported in Column B.	may be different from amounts		
15. Cash Payments Column A, Line 8 above		10,526.25		port. Some amounts ir olumn A may be negati	n í			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	60,843.16	fiq	jures that should be				
If this is a termination statement, Line 16 must be zero.			р	ubtracted from previou eriod amounts. If this is e first report being filed	5			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, or arry over the amounts				
Cash Equivalents and Outstanding Debts			fr	om Lines 2, 7, and 9 (if ny).	f			
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 A					
	Contributions Received		ts may be rounded whole dollars.	Statement covers period from01/01/2020		CALIFORNIA FORM 460		
SEE INSTRUCTIO	DNS ON REVERSE			through02/15/2	020	Page	e <u>4</u> of <u>7</u>	
NAME OF FILER						I.D. N	UMBER	
Fresno Poli	ce Officers Association Political Action Committe	e				8614	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 al	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			0.00	IND - COM OTH	(other	ial ient Committee r than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	11,495.10			Contributor Committee	

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Supportir Candidate	r of Expenditures ng/Opposing Other es, Measures and Committees ons on reverse	Amounts may b to whole do		Statement covers from01/01/20 through02/15/20	020	CALIFOR FORM Page5 I.D. NUMBE	400
Fresno Poli	ce Officers Association Political Action Commi	ttee				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	CUMULATIVE CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
01/21/2020	Fresno Chamber of Commerce Independent Expenditure Committee, Supporting Dyer for Mayor and Alonzo for Council District 4 in 2020 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		10,000.00	10,	000.00	
02/08/2020	Jerry Dyer Mayor City of Fresno X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Food	300.00		300.00	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$ 10,300.00			

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	10,300.00
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.)	10,300.00

Schedule E	Amounts may be rounded	Statem	ent covers period	CALIFORNIA 460	
Payments Made	to whole dollars.	from	01/01/2020	FORM 400	
SEE INSTRUCTIONS ON REVERSE		through	02/15/2020	Page6 of7	
NAME OF FILER				I.D. NUMBER	
Fresno Police Officers Association Political Actio	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
Fresno Chamber of Commerce Independent Expenditure Committee, Supporting Dyer for Mayor and Alonzo for Council District 4 in 2020 (ID# 1424155) Fresno, CA 93721	СТВ		10,000.00
Olson Remcho LLP Sacramento, CA 95814	PRO		226.25
Sam's Italian Deli Fresno, CA 93703	СТВ	Food; In-kind contribution to Jerry Dyer for Mayor 2020 (ID# 1418924)	300.00
* Payments that are contributions or independent expenditures must also be sum	narized on	Schedule D. SUBTOTALS	\$ 10,526.25

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	10,526.25
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.)	10,526.25

Additional Comments For Form 460	ADDITIONAL COMMENTS CALIFORNIA FORM 460
	Page7 of _7
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 from02/16/2020	Date of election if applicable: (Month, Day, Year)	Date Stamp E-Filed 07/30/2020 17:24:23 Filing ID: 191475579	COVER PAGE CALIFORNIA 460 FORM Page1 of8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2020			
 ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee 	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored <i>lso Complete Part 6</i>) rimarily Formed Candidate/ officeholder Committee <i>lso Complete Part 7</i>)	2. Type of Statement: □ Preelection Statement ⊠ Semi-annual Statement □ Termination Statement (Also file a Form 410 Te □ Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee information	9. NUMBER 361499 Action Committee	Treasurer(s) NAME OF TREASURER Kari Stone MAILING ADDRESS CITY	STATE 2	ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO Fresno CA 9372 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	8 (559)442-3762	Fresno NAME OF ASSISTANT TREASUR MAILING ADDRESS	CA RER, IF ANY	93728 (559)442-3762
CITY STATE ZIP CO Sacramento CA 9581 OPTIONAL: FAX / E-MAIL ADDRESS info@olsonhagel.com		CITY OPTIONAL: FAX / E-MAIL ADDF		ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California		owledge the information contained he	rein and in the attached sc	chedules is true and complete. I certify
Executed on	By <u>Kari Stone</u> By <u>Kari Stone</u>	Signature of Treasurer or Assistant		

Executed on Ву ____ Date

Ву ___

Executed on _____ Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

CALIF FC	Fornia Drm	Z	 60
Page _	2	of _	8

5.	Officeholder	or	Candidate	Controlled	Committee
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NAME OF OFFICEHOLDER OR CANDIDATE				
OFFICE SOUGHT OR HELD (INCLUD	E LOCATION AND DIS	TRICT NUMB	ER 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	IUMBER
NAME OF TREASURER		CONT	ROLLED COMMITTEE?
			YES 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	O P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. N	IUMBER
NAME OF TREASURER		CONT	ROLLED COMMITTEE?
			YES 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

	MEASURE
БАНОЛ	IVIEASURE

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	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		nounts may be round to whole dollars.	ed	Sta from _	tement covers period 02/16/2020	CALIFORNIA FORM 46	
SEE INSTRUCTIONS ON REVERSE				throug	h06/30/2020	Page of8	
NAME OF FILER						I.D. NUMBER	
Fresno Police Officers Association Political Action Committee						861499	
Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates he State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	34,564.00	\$	46,059.10			
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	\$	34,564.00	\$	46,059.10	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	34,564.00	\$	46,059.10	Made \$	\$	
Expenditures Made					Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	7,477.03	\$	18,003.28	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	\$	7,477.03	\$	18,003.28		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	\$	7,477.03	\$	18,003.28	///	\$	
Current Cash Statement					///////	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	60,843.16	Тс	calculate Column B, add	1		
13. Cash Receipts Column A, Line 3 above		34,564.00	ar	nounts in Column A to the	e		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your las	*Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments Column A, Line 8 above		7,477.03		port. Some amounts in plumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	87,930.13	fig	ures that should be btracted from previous			
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. If this is e first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only rry over the amounts	/		
Cash Equivalents and Outstanding Debts			fro	by).			
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00					

Schedule	A						SCHEDULE A	
	Contributions Received		s may be rounded whole dollars.	Statement cover	•	CALIFORNIA FORM 460		
SEE INSTRUCTIO	ONS ON REVERSE			through06/30/2	020	Page	4 of8	
NAME OF FILER						I.D. N	UMBER	
Fresno Poli	ce Officers Association Political Action Committe	e				8614	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 T CALENDAR (JAN. 1 - DEC	YEAR	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.)			0.00	IND CON	(other	ial ient Committee ^r than PTY or SCC)	
3. Total mon	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			34,564.00	PTY	′ – Politica	(e.g., business entity) al Party Contributor Committee	
(,,	•••••••					

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Supporting	of Expenditures g/Opposing Other s, Measures and Committees	Amounts may be to whole do		20 20	SCHEDULE D DRNIA 460 5 of8 BER 6		
Fresno Police	e Officers Association Political Action Commi	ttee				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	CUMULATIVI CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
E	Fresno Chamber of Commerce Independent Expenditure Committee, Supporting Dyer for Mayor and Alonzo for Council District 4 in 2020 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		5,000.00	1	5,000.00	
_	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
		•	SUBTOTAL	\$ 5,000.00		+	

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	5,000.00
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.)	5,000.00

Schedule E	Amounts may be rounded	Stater	nent covers period		
Payments Made	to whole dollars.	from	02/16/2020	FORM 400	4
SEE INSTRUCTIONS ON REVERSE		through	06/30/2020	Page of8	
NAME OF FILER				I.D. NUMBER	
Fresno Police Officers Association Political Ac	ction Committee			861499	

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

	campaign paraphernalia/misc.		member communications		radio airtime and production costs returned contributions
	campaign consultants		meetings and appearances		
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		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
Fresno Chamber of Commerce Independent Expenditure Committee, Supporting Dyer for Mayor and Alonzo for Council District 4 in 2020 (ID# 1424155) Fresno, CA 93721	СТВ				5,000.00
Olson Remcho LLP Sacramento, CA 95814	PRO				841.76
Olson Remcho LLP Sacramento, CA 95814	PRO				841.27
* Payments that are contributions or independent expenditures must also be sum	marized on	Sched	ule D. Sl	JBTOTAL \$	6,683.03

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	7,477.03
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.) TOTAL \$	7,477.03

Schedule E (Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE E (CONT.)	
Payments Made		from02/16/2020	FORM TOO	
SEE INSTRUCTIONS ON REVERSE		through06/30/2020	Page7 of8	
NAME OF FILER			I.D. NUMBER	
Fresno Police Officers Association Political A	Action Committee		861499	
CODES: If one of the following codes accurate	y describes the payment, you may enter the code. Of	therwise, 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)* CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salaries TEL t.v. or cable airtime and pro		
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,		
IND independent expenditure supporting/opposing others (e	explain)* POS postage, delivery and messenger services	TSF transfer between committee	es of the same candidate/sponsor	

PRT print ads

VOT voter registration WEB information technology costs (internet, e-mail)

PRO professional services (legal, accounting)

legal defense campaign literature and mailings LEG LIT

NAME AND AD (IF COMMITTEE, ALS	DRESS OF PAYEE SO ENTER I.D. NUMBER)	CODE	OF	R DESCRIPTION	OF PAYMENT		AMOUNT PAID
Olson Remcho LLP Sacramento, CA 95814		PRO					191.30
Olson Remcho LLP Sacramento, CA 95814		PRO					335.50
Olson Remcho LLP Sacramento, CA 95814		PRO					267.20
* Payments that are contributions or indepen	dent expenditures must also be summarized on \$	Schedule	D.			SUBTOTAL \$	794.00

Additional Comments For Form 460	ADDITIONAL COMMENTS CALIFORNIA FORM 460
	Page <u>8</u> of <u>8</u>
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.

Ca Co (Go	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)		S from throu		Date of election if applicable: (Month, Day, Year)	Date Stamp E-Filed 01/30/2021 14:45:25 Filing ID: 196561703		ALIFORNIA 460
_	Turne of Desiniant Committees, up			•	2 Turne of Statements			
	Type of Recipient Committee: All 0 ○ Officeholder, Candidate Controlled Comm ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ☑ General Purpose Committee ② Sponsored ③ Small Contributor Committee ○ Political Party/Central Committee		 Primarily Committe Contr Spon (Also Compl Primarily 	Formed Ballot Measure ee olled sored ete Part 6) Formed Candidate/ der Committee	 2. Type of Statement: Preelection Statement X Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b 	Fermination)	Special C	Statement odd-Year Report ental Preelection t - Attach Form 495
3	Committee Information		I.D. NUMB	ER	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF I Fresno Police Officers Associatio STREET ADDRESS (NO P.O. BOX)		,	on Committee	NAME OF TREASURER Kari Stone MAILING ADDRESS CITY	STATE	ZIP CODE	AREA CODE/PHONE
					Fresno	CA	93728	(559)442-3762
		TATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	IRER, IF ANY		
	Fresno MAILING ADDRESS (IF DIFFERENT) NO. AND S	CA TREET C	93728 DR P.O. BOX	(559)442-3762	MAILING ADDRESS			
		CA	ZIP CODE 95814	AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADD	STATE	ZIP CODE	AREA CODE/PHONE
	Verification I have used all reasonable diligence in preparin under penalty of perjury under the laws of the S	•	•		nowledge the information contained he	erein and in the attache	ed schedules is	strue and complete. I certify
	Executed on			By <u>Kari Stone</u>	s Signature of Treasurer or Assistant	Tracurer		_
	Executed on			By <u>Kari Stone</u> Signature of Co			r of Sponsor	-
	Executed on			Ву				_

Ву _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Date

Date

CALIF FC	FORNI DRM	^A 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		nounts may be round to whole dollars.	ed		tatement covers period	CALIFORNIA FORM 46
				throu	ugh12/31/2020	_ Page <u>3</u> of <u>10</u>
SEE INSTRUCTIONS ON REVERSE					-	I.D. NUMBER
Fresno Police Officers Association Political Action Committee						861499
Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	45,742.40	\$	91,801.5	0	
2. Loans Received Schedule B, Line 3		0.00		0.0	<u>0</u> 1/*	1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	45,742.40	\$	91,801.5	0 20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.0	0 21 Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	45,742.40	\$	91,801.5		\$
Expenditures Made					Expenditure Limi	t Summary for State
6. Payments Made Schedule E, Line 4	\$	14,031.80	\$	32,035.0		,
7. Loans Made Schedule H, Line 3		0.00		0.0		tive Expenditures Meda*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	14,031.80	\$	32,035.0	8 (If Subjec	tive Expenditures Made* t to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.0	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.0	0 (mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	14,031.80	\$	32,035.0	<u>8</u> //	\$
Current Cash Statement					///_//_//_//_///_///_////	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	87,930.13	Тс	o calculate Column B, a	dd	
13. Cash Receipts Column A, Line 3 above		45,742.40	ar	mounts in Column A to	the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	orresponding amounts om Column B of your la	ast reported in Column B.	n may be different from amounts
15. Cash Payments Column A, Line 8 above		14,031.80		port. Some amounts ir olumn A may be negati	י ^י	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	119,640.73	fig	jures that should be		
If this is a termination statement, Line 16 must be zero.			pe	btracted from previou eriod amounts. If this is e first report being filed	5	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, or arry over the amounts		
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if ny).	F	
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 A	
Monetary Contributions Received			s may be rounded whole dollars.	Statement covers period from07/01/2020		CALIFORNIA FORM 460		
SEE INSTRUCTIO	ONS ON REVERSE			through	020	Page	4 of10	
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	al ent Committee than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	is of less than \$	\$100 \$	45,742.40		 Other Politica 	(e.g., business entity) Il Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	umn A, Line 1.)		45,742.40			Contributor Committee	

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be to whole do		Statement covers from	CALIFORNIA FORM 460 Page 5 of 10 I.D. NUMBER 10 10 10			
Fresno Poli	ce Officers Association Political Action Commi	ttee				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	CUMULATIVE CALENDAI (JAN. 1 - D	R YEAR	тс	ELECTION) DATE EQUIRED)
08/28/2020	Families & Communities Supporting Jackie Lacey for District Attorney 2020, Sponsored by Peace Officers Research Association of California	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		2,500.00	10),000.00		
09/22/2020	Families & Communities Supporting Jackie Lacey for District Attorney 2020, Sponsored by Peace Officers Research Association of California	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		7,500.00	10),000.00		
10/26/2020	Devon Mathis State Assembly Person District: 26 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		1,000.00	1	1,000.00	P2020 G2020	\$500.00 \$1,000.00
			SUBTOTAL	\$ 11,000.00				

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	11,500.00
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.)	11,500.00

	es, Measures and Committees	Amounts may be rounded to whole dollars. posing Other easures and Committees			to whole dollars.					6 of
NAME OF FILER	e Officers Association Political Action Comm.					I.D. NUMB 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	CUMULATIVE CALENDAR (JAN. 1 - DE	TO DATE YEAR	PER ELECTION TO DATE (IF REQUIRED)			
	Carol Mills Board Member Fresno Unified School District District: 5 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		500.00		500.00				
	Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 								
	Support Dppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 								
	Support Dppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 								

Schedule E	Amounts may be rounded	Statem	ent covers period		
Payments Made	to whole dollars.	from	07/01/2020	FORM	400
SEE INSTRUCTIONS ON REVERSE		through .	12/31/2020	Page7	of
NAME OF FILER				I.D. NUMBER	
Fresno Police Officers Association Political Actio	on 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 POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND 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	OF	R DESCRIPTION C	DF PAYMENT	P	AMOUNT PAID
Families & Communities Supporting Jackie Lacey for District Attorney 2020, Sponsored by Peace Officers Research Association of California (ID# 1423324) Sacramento, CA 95834	СТВ					2,500.00
Families & Communities Supporting Jackie Lacey for District Attorney 2020, Sponsored by Peace Officers Research Association of California (ID# 1423324) Sacramento, CA 95834	СТВ					7,500.00
Devon Mathis for Assembly 2020 (ID# 1415282) Hilmar, CA 95324	CTB					1,000.00
* Payments that are contributions or independent expenditures must also be sum	marized or	n Sch	hedule D.	SUBTOTA	L\$	11,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	13,981.80
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.)	14,031.80

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Fresno Police Officers Association Political Action Committee CODES: If one of the following codes accurately describes the p CMP campaign paraphernalia/misc. MBR MTG	member com meetings and office expen petition circul phone banks	Ilars. OU MAY EN munications d appearance ses ating	5	from	radio airtime and pro returned contributior campaign workers' s	And CALIFOR FORM	M 400
IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO LIT campaign literature and mailings PRT	postage, deli	very and mes services (leg	senger services al, accounting)	TSF VOT	transfer between convoter registration	gy costs (internet, e-	mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Carol Mills for School Board Committee (2020) (ID# 1265757)		CODE C	PR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Fresno, CA 93704 Olson Remcho LLP Sacramento, CA 95814		PRO					299.80
Olson Remcho LLP Sacramento, CA 95814		PRO					573.10
Olson Remcho LLP Sacramento, CA 95814		PRO					383.90
Olson Remcho LLP Sacramento, CA 95814		PRO					496.70
* Payments that are contributions or independent expenditures must also be sum	marized on	Schedule D.				SUBTOTAL \$	2,253.50

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2020</u>	Page of
NAME OF FILER			I.D. NUMBER
Fresno Police Officers Association Political Action	n Committee		861499
CODES: If one of the following codes accurately des	scribes the payment, you may enter the code. Ot	herwise, 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 FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	TEL t.v. or cable airtime and proo TRC candidate travel, lodging, an	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	
IND independent expenditure supporting/opposing others (explain		· · · · · · · · · · · · · · · · · · ·	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 costs	s (internet, e-mail)

106	poling and barroy recourch		orally operate travely leaging, and meale
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
PRT	print ads	WEB	information technology costs (internet, e-mail)

- VOT voter registration 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
Olson Remcho LLP Sacramento, CA 95814		PRO			564.10
Olson Remcho LLP Sacramento, CA 95814		PRO			164.20
* Devenente thet are contrib	utions or independent expenditures must also be summarized on	Calcaduda		eiib.	

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.