

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |                            |
|---|----------------------------|
| Date Stamp<br>CITY OF BRENTWOOD<br>2009<br>JAN 20 ENT'D<br>CITY CLERK | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>1</u> of <u>4</u>  |
|   | For Official Use Only      |

|  |  |
|--|--|
| Statement covers period<br>from <u>10-29-08</u><br>through <u>12-31-08</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|--|--|

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

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |   |

**3. Committee Information**

I.D. NUMBER  
1292054

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

Brentwood Police Officer's Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

|                          |                    |                          |                          |
|--------------------------|--------------------|--------------------------|--------------------------|
| CITY<br><u>Brentwood</u> | STATE<br><u>CA</u> | ZIP CODE<br><u>94513</u> | AREA CODE/PHONE<br>_____ |
|--------------------------|--------------------|--------------------------|--------------------------|

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

|       |       |          |                 |
|-------|-------|----------|-----------------|
| CITY  | STATE | ZIP CODE | AREA CODE/PHONE |
| _____ | _____ | _____    | _____           |

OPTIONAL: FAX / E-MAIL ADDRESS

\_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER

Kelly Couch

MAILING ADDRESS

\_\_\_\_\_

|                          |                    |                          |                          |
|--------------------------|--------------------|--------------------------|--------------------------|
| CITY<br><u>Brentwood</u> | STATE<br><u>CA</u> | ZIP CODE<br><u>94513</u> | AREA CODE/PHONE<br>_____ |
|--------------------------|--------------------|--------------------------|--------------------------|

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 01/12/09  
Date

By   
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brentwood Police Officers Association Political Action Committee

Statement covers period

from 10-29-08

through 12-31-08

CALIFORNIA  
FORM **460**

Page 2 of 4

I.D. NUMBER

1292054

**Contributions Received**

|                                 |                    | <b>Column A</b><br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | <b>Column B</b><br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--------------------|---|---|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 750.00   | \$ 6250.00  |
| 2. Loans Received               | Schedule B, Line 3 |   |   |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ 750.00   | \$ 6250.00  |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 |   |   |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ 750.00   | \$ 6250.00  |

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

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|                                    |                      | <b>Column A</b><br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | <b>Column B</b><br>CALENDAR YEAR<br>TOTAL TO DATE |
|------------------------------------|----------------------|---|---|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 13.00  | \$ 662.60   |
| 7. Loans Made                      | Schedule H, Line 3   |   | 0   |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | \$ 13.00  | \$ 662.60   |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   |   | 0   |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   |   | 0   |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 13.00  | \$ 662.60   |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|                                     |   |            |
|-------------------------------------|---|------------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | \$ 6072.39 |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 750.00     |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 0          |
| 15. Cash Payments                   | Column A, Line 8 above                        | 13.00      |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6809.39 |

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

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

**Cash Equivalents and Outstanding Debts**

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>10-29-08</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12-31-08</u>                         |                                |
| Page <u>3</u> of <u>4</u>                       |                                |
| I.D. NUMBER<br><b>1292054</b>                   |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brentwood Police Officers Association Political Action Committee

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 750.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 750.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>10-29-08</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12-31-08</u>                         |                                |
| Page <u>4</u> of <u>4</u>                       | I.D. NUMBER<br><u>1292054</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brentwood 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, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$**

**Schedule E Summary**

|  |                 |       |
|--|-----------------|-------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | _____ |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 13.00 |
| 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.) ..... | <b>TOTAL \$</b> | 13.00 |