

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

FILED

**CALIFORNIA
FGRM 460**

JUN 13 2012

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For Official Use Only

CITY OF SANTA MARIA

BY: *[Signature]*

City Clerk

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2012 through 05/19/2012
Date of election if applicable: (Month, Day, Year)

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
- 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)
- Amendment (Explain below),
correcting filing period
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1292068

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

Santa Maria Police Officers' Association PAC

STREET ADDRESS (NO P.O. BOX)

2151 S. College Dr., Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455 805-922-4881

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

P.O. Box 6509

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93456

OPTIONAL: FAX / E-MAIL ADDRESS

trentb@benedetticpa.com

Treasurer(s)

NAME OF TREASURER

Michael Wheeler

MAILING ADDRESS

222 E. Cook St.

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93454 805-925-0951

NAME OF ASSISTANT TREASURER, IF ANY

Trent J. Benedetti, CPA

MAILING ADDRESS

2151 S. College Dr., Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455

OPTIONAL: FAX / E-MAIL ADDRESS

805-922-4881

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

Executed on 6/12/2012
Date

By [Signature]
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

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

Type or print in ink.

COVER PAGE - PART 2

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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 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. Primarily Formed 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 _____
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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 _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 01/01/2012
through 05/19/2012

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Maria Police Officers' Association PAC

I.D. NUMBER

1292068

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 3,660.30	\$ 3,660.30
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 3,660.30	\$ 3,660.30
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 3,660.30	\$ 3,660.30

**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

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 6,569.50	\$ 6,569.50
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 6,569.50	\$ 6,569.50
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	\$ 6,569.50	\$ 6,569.50

**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	\$ 14,230.13
13. Cash Receipts	Column A, Line 3 above	3,660.30
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	6,569.50
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11,320.93

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).

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 01/01/2012
through 05/19/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Maria Police Officers' Association PAC

I.D. NUMBER

1292068

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				0.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	0.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	3,660.30
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	3,660.30

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE D

Statement covers period
from 01/01/2012
through 05/19/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Maria Police Officers' Association PAC

I.D. NUMBER

1292068

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/05/2012	Yes on Save Essential Services Measure U	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5,000.00	5,000.00	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				5,000.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 5,000.00
- 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 \$** 5,000.00

**Schedule E
Payments Made**

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

Statement covers period

from 01/01/2012

through 05/19/2012

SCHEDULE E

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Maria Police Officers' Association PAC

I.D. NUMBER

1292068

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
Benedetti & Associates CPA, Inc. 2151 South College Suite 101 Santa Maria, CA 93455	POS		accounting services	237.50
Benedetti & Associates CPA, Inc. 2151 South College Suite 101 Santa Maria, CA 93455	PRO		Accounting Political Filing	332.00
Netfile 2707-A Aurora Rd. Mariposa, CA 95338	WEB		Software Renewal	1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 1,569.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6,569.50
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 \$ 6,569.50

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period
from 01/01/2012
through 05/19/2012

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FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Maria Police Officers' Association PAC

I.D. NUMBER

1292068

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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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
Yes On Save Essential Services Measure U (#1344111)				
2151 S. College Dr., Ste. 101 Santa Maria, CA 93455	CTB			5,000.00

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

SUBTOTAL \$ 5,000.00