

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

|   |                                |
|---|--------------------------------|
| Date Stamp<br><b>RECEIVED<br/>CITY OF CONCORD<br/>2020 JUL 24 AM 11:54<br/>CITY CLERKS OFFICE<br/>ADMINISTRATIVE<br/>SERVICES</b> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>1</u> of <u>7</u>   |                                |
| For Official Use Only   |                                |

*City of Concord*  
SEE INSTRUCTIONS ON REVERSE

|                                |  |
|--------------------------------|--|
| <b>Statement covers period</b> | <b>Date of election if applicable:</b><br>(Month, Day, Year) |
| from <u>01/01/2020</u>         | _____  |
| through <u>06/30/2020</u>      | _____  |

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

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

**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><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
931817

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Concord Police Association PAC

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

|                |           |                   |                   |
|----------------|-----------|-------------------|-------------------|
| CITY           | STATE     | ZIP CODE          | AREA CODE/PHONE   |
| <u>Concord</u> | <u>CA</u> | <u>[REDACTED]</u> | <u>[REDACTED]</u> |

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

|                   |           |                   |                   |
|-------------------|-----------|-------------------|-------------------|
| CITY              | STATE     | ZIP CODE          | AREA CODE/PHONE   |
| <u>[REDACTED]</u> | <u>CA</u> | <u>[REDACTED]</u> | <u>[REDACTED]</u> |

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Laura Ann Stephen

MAILING ADDRESS  
[REDACTED]

|                   |           |                   |                   |
|-------------------|-----------|-------------------|-------------------|
| CITY              | STATE     | ZIP CODE          | AREA CODE/PHONE   |
| <u>[REDACTED]</u> | <u>CA</u> | <u>[REDACTED]</u> | <u>[REDACTED]</u> |

NAME OF ASSISTANT TREASURER, IF ANY  
Nancy Washmera

MAILING ADDRESS  
[REDACTED]

|                |           |                   |                   |
|----------------|-----------|-------------------|-------------------|
| CITY           | STATE     | ZIP CODE          | AREA CODE/PHONE   |
| <u>Concord</u> | <u>CA</u> | <u>[REDACTED]</u> | <u>[REDACTED]</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement 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 following information is true and correct.

Executed on 07/16/2020  
Date

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

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

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

[REDACTED]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

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

CITY STATE ZIP CODE AREA CODE/PHONE

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> 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<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed 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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

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

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| Statement covers period        |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 01/01/2020 |                                |
| through                        | 06/30/2020 | Page <u>3</u> of <u>7</u>      |
| NAME OF FILER                  |            | I.D. NUMBER                    |
| Concord Police Association PAC |            | 931817                         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Concord Police Association PAC

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 8,370.00  | \$ 8,370.00                                |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 8,370.00  | \$ 8,370.00                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 8,370.00  | \$ 8,370.00                                |

**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**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 50.00   | \$ 50.00                                   |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 50.00   | \$ 50.00                                   |
| 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      | \$ 50.00   | \$ 50.00                                   |

**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             | \$ 107,220.22 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 8,370.00      |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 41.26         |
| 15. Cash Payments ..... Column A, Line 8 above                              | 50.00         |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 115,581.48 |

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

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

**Cash Equivalents and Outstanding Debts**

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

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**

Amounts may be rounded  
to whole dollars.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>06/30/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>4</u> of <u>7</u>      |
| I.D. NUMBER<br>931817  |                                |

SEE INSTRUCTIONS ON REVERSE

|   |                       |
|---|-----------------------|
| NAME OF FILER<br>Concord Police Association PAC | I.D. NUMBER<br>931817 |
|---|-----------------------|

| 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 |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |  |   | 0.00                        |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 8,370.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 8,370.00

**\*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**

Amounts may be rounded  
to whole dollars.

|                                |            |                            |
|--------------------------------|------------|----------------------------|
| Statement covers period        |            | <b>CALIFORNIA FORM 460</b> |
| from                           | 01/01/2020 |                            |
| through                        | 06/30/2020 | Page 5 of 7                |
| NAME OF FILER                  |            | I.D. NUMBER                |
| Concord Police Association PAC |            | 931817                     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Concord Police Association PAC

**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 \$ 0.00**

**Schedule E Summary**

|  |                       |
|--|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 0.00               |
| 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.) | <b>TOTAL \$ 50.00</b> |

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2020  
through 06/30/2020

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Concord Police Association PAC  
I.D. NUMBER  
931817

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 0.00

**Schedule I Summary**

- 1. Itemized increases to cash this period. .... \$ 0.00
- 2. Unitemized increases to cash of under \$100 this period. .... \$ 41.26
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 41.26

**Additional Comments  
For Form 460**

|                                   |            |
|-----------------------------------|------------|
| ADDITIONAL COMMENTS               |            |
| <b>CALIFORNIA<br/>FORM</b>        | <b>460</b> |
| Page <u>  7  </u> of <u>  7  </u> |            |
| I.D. NUMBER                       | 931817     |

NAME OF FILER

Concord Police Association PAC

Intermediary for All Contributions Received: Concord Police Association, 5060 Avila Road, Concord, CA 94520