Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period
from 01/01/2012
through 06/30/2012

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
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     - [ ] Primarily Formed Candidate/Officeholder Committee
     - [ ] (Also Complete Part 7)

2. Type of Statement:
   - [x] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

   Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER 1312619
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Atascadero Professional Firefighters Local 3600
   STREET ADDRESS (NO P.O. BOX)
   6005 Lewis Ave.
   CITY STATE ZIP CODE AREA CODE/PHONE
   Atascadero CA 93422 805-461-5070
   Mailing Address (If Different) No. and Street or P.O. Box

   CITY STATE ZIP CODE AREA CODE/PHONE
   Atascadero CA 93422 805-461-5070
   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 07/26/2012
   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