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

Statement covers period from 1/1/10 through 6/30/10 

Date of election if applicable (Month, Day Year) 

Cover Page 

Government Code Sections 84200-84216.5 

AUG 4 2010 
CITY OF ATASCADERO 

For Official Use Only 

Recipient 
Committee 

Type or print in ink. 

1 Type of Recipient Committee 
☐ 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 Candidate Officelholder Committee 
☐ Primarily Formed Candidate/Officeholder Committee 
☐ (Also Complete Part 5) 

2. Type of Statement: 
☐ Pre-election Statement 
☐ Term Statement 
☐ Quarterly Statement 
☐ Special Odd-Year Report 
☐ Semi-annual Statement 
☐ Amendment (Explain below) 
☐ Supplemental Pre-election Statement 
☐ Attachment Form 495 

3. Committee Information 

I.D. NUMBER 1312619 

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) 
Atascadero Professional Firefighters L3600 

STREET ADDRESS (NO P.O. BOX) 

CITY 
Atascadero 
STATE CA 
ZIP CODE 93422 
AREA CODE 805 
PHONE 

MAILING ADDRESS 

CITY 
Atascadero 
STATE CA 
ZIP CODE 93422 
AREA CODE 805 
PHONE 

OPTIONAL: FAX/E-MAIL ADDRESS 

Treasurer(s) 

NAME OF TREASURER 
Matt Vierra 

MAILING ADDRESS 

CITY Atascadero 
STATE CA 
ZIP CODE 93422 
AREA CODE 805 
PHONE 

NAME OF ASSISTANT TREASURER, IF ANY 
Bill White 

MAILING ADDRESS 

CITY Atascadero 
STATE CA 
ZIP CODE 93422 
AREA CODE 805 
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 8/3/10 by 

Executed on 8/3/10 by 

Executed on by 

Executed on by 

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Multiple/Office of Sponsor 

By Signature of Controlling Officeholder, Candidate, State Measure Proponent 

By Signature of Controlling Officeholder, Candidate, State Measure Proponent 

FFPC Form 468 (January 2018) 
FFPC Toll-Free Hotline 888-ASK-FPPC (888-275-3772) 
State of California
<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monetary Contributions</strong></td>
<td>Schedule A, Line 3</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>Loans Received</strong></td>
<td>Schedule B, Line 3</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>SUBTOTAL CASH CONTRIBUTIONS</strong></td>
<td>Add Lines 1 + 2</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>Nonmonetary Contributions</strong></td>
<td>Schedule C, Line 3</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td>Add Lines 3 + 4</td>
<td>$__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payments Made</strong></td>
<td>Schedule E, Line 4</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>Loans Made</strong></td>
<td>Schedule H, Line 3</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>SUBTOTAL CASH PAYMENTS</strong></td>
<td>Add Lines 6 + 7</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>Nonmonetary Adjustment</strong></td>
<td>Schedule C, Line 3</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td>Add Lines 8 + 9 + 10</td>
<td>$__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Cash Balance</strong></td>
<td>Previous Summary Page, Line 16</td>
<td>606 00</td>
</tr>
<tr>
<td><strong>Cash Receipts</strong></td>
<td>Column A, Line 3 above</td>
<td>54 00</td>
</tr>
<tr>
<td><strong>Miscellaneous Increases to Cash</strong></td>
<td>Schedule I, Line 4</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>Cash Payments</strong></td>
<td>Column A, Line 8 above</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>ENDING CASH BALANCE</strong></td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>660 00</td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Expenditure Limit Summary for State Candidates</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cumulative Expenditures Made</strong></td>
<td><em><strong>if subject to voluntary expenditure limit</strong></em></td>
<td>Date of Election (mm/dd/yyyy)</td>
</tr>
<tr>
<td><strong>22.</strong></td>
<td>/ /</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>21.</strong></td>
<td>/ /</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Cash Equivalents and Outstanding Debts</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Equivalents</strong></td>
<td>See instructions on reverse</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>Outstanding Debts</strong></td>
<td>Add Line 9 + Line 7 in Column B above</td>
<td>$__________</td>
</tr>
</tbody>
</table>