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

SEE INSTRUCTIONS ON REVERSE

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)
   - [X] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [X] Sponsored
       (Also Complete Part 5)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

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

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 Avenue

   CITY
   Atascadero

   STATE
   CA

   ZIP CODE
   93422

   NAME OF TREASURER
   Matt Vierra

   MAILING ADDRESS
   6005 Lewis Avenue

   CITY
   Atascadero

   STATE
   CA

   ZIP CODE
   93422

   NAME OF ASSISTANT TREASURER, IF ANY
   Dean Pericic

   MAILING ADDRESS
   6005 Lewis Avenue

   CITY
   Atascadero

   STATE
   CA

   ZIP CODE
   93422

   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 06/30/11
Date

Executed on 12/31/11
Date

Executed on
Date

Executed on
Date

By
Signature of Treasurer or Assistant Treasurer

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
**Campaign Disclosure Statement**

**Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Atascadero Professional Firefighters Local 3600

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td>Add Lines 3 + 4</td>
<td>$0</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>TOTAL EXPENDITURES MADE</strong></td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENDING CASH BALANCE</strong></td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash Equivalents and Outstanding Debts</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Equivalents</strong></td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td><strong>Outstanding Debts</strong></td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

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

- **Contributions Received**: $__________
- **Expenditures Made**: $__________

**Expenditure Limit Summary for State Candidates**

- **Cumulative Expenditures Made**
  - Date of Election (mm/dd/yy) | Total to Date
  - / / | $__________
  - / / | $__________

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

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).