

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

Statement covers period

from 01/01/2024

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

through 06/30/2024

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
- Primarily Formed Ballot Measure Committee
- Controlled Sponsored
(Also Complete Part 6)

2. Type of Statement:

- 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

CITY OF SAN FERNANDO
RECEIVED
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CITY CLERK'S DEPARTMENT

- Sponsored Small Contributor Committee
Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

3. Committee Information

I.D. NUMBER
981582

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
San Fernando Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd., #670

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562) 983-0815

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 221928

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newhall	CA	91322	

OPTIONAL: FAX / E-MAIL ADDRESS
(562) 983-0817 / gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER

Aguirre Peter James

MAILING ADDRESS

249 E. Ocean Blvd., #670

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562) 983-0815

NAME OF ASSISTANT TREASURER, IF ANY

Gary Crummitt

MAILING ADDRESS

249 E. Ocean Blvd., #670

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562) 983-0815

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/26/2024
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officerholder, 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?
 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
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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
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Attach continuation sheets if necessary

Campaign Disclosure Statement

SUMMARY PAGE

Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from <u>01/01/2024</u>	CALIFORNIA FORM 460
through <u>06/30/2024</u>	
Page <u>3</u> of <u>3</u>	ID NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

San Fernando Police Officers Association PAC

981582

Contributions Received

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

**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

6. Payments Made Schedule E, Line 4	\$ <u>0.00</u>	\$ <u>0.00</u>
7. Loans Made..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0.00</u>	\$ <u>0.00</u>

**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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ _____	14. Miscellaneous Increases to Cash	\$ _____
13. Cash Receipts Column A, Line 3 above	\$ _____	15. Cash	\$ _____

Payments
.....
Column A, Line 8 above

16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	19,688.24
	<i>If this is a termination statement, Line 16 must be zero.</i>		<u>0.00</u>
			<u>0.00</u>
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	<u>0.00</u>
Cash Equivalents and Outstanding Debts			<u>19,693.34</u>
18. Cash Equivalents	See instructions on reverse	\$	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	<u>0.00</u>
			<u>0.00</u>
			<u>0.00</u>

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.