R	ecipient Committee		_		SHORT FORM	
	ampaign Statement – Short Form			Date Stamp	CALIFORNIA 450	
SE	E INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable:	Filed Date:	Page1 of2	
For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.		from09/23/2018	(Month, Day, Year) - 11/06/2018	10/25/2018 11:06 AM	For Official Use Only	
		through10/20/2018				
1.	Type of Recipient Committee:		2. Type of Statement:			
	O Primarily Formed Spo	al Purpose Committee onsored all Contributor Committee	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain) _		y Statement Odd-Year Report	
Primarily Formed Candidate/ Officeholder Committee			(Also check type of statement you are amending)			
3.	Committee Information	D. NUMBER CA	Treasurer(s)			
	COMMITTEE NAME		NAME OF TREASURER			
	Alameda Police Officers Association PAC		Susan Reyes			
			MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE	
	OLTY OTATE ZID CODE	ADEA CODE/DUONE	Alameda	CA 94501	(510)882-4536	
	CITY STATE ZIP CODE Alameda CA 94501	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE Tysen Siebert	ER, IF ANY		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
	MAILING ADDRESS (II DITTERENT) NO. AND STREET SKY. S. BOX		MAILING ADDICESS			
	CITY STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE	
	Alameda CA 94501	(510)384-9091	Alameda	CA 94501	(510)384-9091	
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
			ssjreyes@comcast.net			
4.	Verification I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of C Executed on 10/24/2018 DATE 10/25/2018 DATE	California that the foregoing is true a	nd correct.	OR ASSISTANT TREASURER		
	Executed on	By	OPONENT			
	Executed on	Ву	CIONATURE OF CONTROLLING OFFICELIOLRE	D. CANDIDATE OTATE MEAGUIDE DD	ODONENT	

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee

Amounts may be rounded to whole dollars.

SHORT FORM

Campaign Statement Summary Page	from	_	CALIFORNIA 450 FORM 450
NAME OF COMMITTEE Alameda Police Officers Association PAC			I.D. NUMBER CA
Expenditures Made			
Expenditures of \$100 or more made this period		\$_	0.00
2. Expenditures under \$100 made this period (Not itemized.)		_	0.00
SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2		\$_	0.00
4. Nonmonetary Adjustment	nonetary Adjustment		0.00
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ -	11,037.50
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ -	11,037.50
Contributions Received			
7. Monetary contributions received this period		\$	0.00
8. Non-monetary contributions received this period		-	0.00
9. Total contributions received from previous statement (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 10	\$_	8,712.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$_	8,712.00
Current Cash Statement			_
11. Beginning cash balance	Previous Summary Page, Line 15	\$	7,753.61
2. Cash receipts this period		_	0.00
13. Miscellaneous increases to cash		\$_	0.00
4. Cash expenditures this periodLine 3 above		_	0.00
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$	7,753.61