Recipient Committee

Campaign Statement RECEIVED BY **Cover Page** (Government Code Sections 84200-84216.5) Statement covers period Date of election if applicable (Month, Day, Year) 01/01/2021 through ___06/30/2021 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Committee X Semi-annual Statement □ Special Odd-Year Report O Recall O Controlled Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) X General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1223378 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Los Angeles County Professional Peace Officers' Association Special Andreas C. Rockas Issues Committee MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE (916) 556-1776 Sacramento 95814 CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE Sacramento CA 95814 (916) 556-1776 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS ZIP CODE CITY AREA CODE/PHONE CITY AREA CODE/PHONE STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS fppc@rockaslaw.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of redules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and co 07/19/2021 Executed on .. Executed on _ Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on ... Signature of Controlling Officeholder, Candidate. State Measure Proponent

FPPC Form 460 (Jan/2016)

COVER PAGE

Officeholder or Candidate Contr	olled Committee	Primarily Formed B				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	E			
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	ION	8	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY STATE ZIP	Identify the controlling	officeholder, ca	andidate, or state	measure p	roponent, if ar
		NAME OF OFFICEHOLDER,	CANDIDATE, OR P	ROPONENT		
	ed in this Statement: List any committees introlled by you or are primarily formed to receive whalf of your candidacy.	OFFICE SOUGHT OR HELD)	DI	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER		11-4-0			
	CONTROLLED COMMITTEE?	7. Primarily Formed C				
NAME OF TREASURER	CONTROLLED COMMITTEE?		ate(s) for which th		rimarily forme	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR	CONTROLLED COMMITTEE?	officeholder(s) or candida	or CANDIDATE	nis committee is pr	T OR HELD	support
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX)	NAME OF OFFICEHOLDER	OR CANDIDATE OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE

Campaign	Disclosure	Statement
Summary I	Page	

SEE INSTRUCTIONS ON REVERSE

Contributions Possivad

NAME OF FILER

Amounts may be rounded to whole dollars.

Column A

Column B

the first report being filed for this calendar year, only

carry over the amounts from Lines 2, 7, and 9 (if

any).

SUMMARY PAGE

from	01/01/2021	-
through _	06/30/2021	Page3 of
1		I.D. NUMBER
		1223378

Los Angeles County Professional Peace Officers' Association Special Issues Committee

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

18. Cash Equivalents See instructions on reverse \$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Cash Equivalents and Outstanding Debts

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

Contributions Received		TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	41,969.97	S	41,969.97	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B. Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	S	41,969.97	\$	41,969.97	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		6.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	S	41,969.97	\$	41,969.97	Made \$\$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E. Line 4	S	230.00	\$	230.00	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	230,00	S	230.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		5.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	230.00	\$	230.00	\$
Current Cash Statement			Π		\$
12. Beginning Cash Balance Previous Summary Page. Line 16	S	39,354.15	To	calculate Column B. add	
13. Cash Receipts Column A. Line 3 above		41,969.97		ounts in Column A to the	1880 VI 18 12 1800 VI 1800
14. Miscellaneous Increases to Cash Schedule I. Line 4		0.00	from	responding amounts in Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		230.00		ort. Some amounts in lumn A may be negative	The state of the s
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	81,094.12	figu	ires that should be	
If this is a termination statement, Line 16 must be zero.			0.70.00	tracted from previous fod amounts. If this is	

0.00

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Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period

01	/01/2021	

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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through 06/30/2021

from

I.D. NUMBER

Los Angeles County Professional Peace Officers' Association Special Issues Committee

1223378

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/18/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		3,433.07	41,969.97	
01/18/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		612.15	41,969.97	
02/03/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		3,423.94	41,969.97	
02/16/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ⊠OTH □PTY □SCC		3,545.80	41,969.97	
02/16/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ⊠OTH □PTY □SCC		611.10	41,969.97	
			SUBTOTAL\$	11,626.06		

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100\$

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from.

01/01/2021

				through 06/30/	^{'2021} P	age5 of8
NAME OF FILER	County Professional Peace Officers' Association S	pecial Issues	Committee			D. NUMBER 223378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE
03/01/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ⊠OTH □PTY □SCC		3,518.01	41,969	.97
03/16/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM □OTH □PTY □SCC		3,512.56	41,969	.97
03/16/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		611.45	41,969	.97
03/25/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ⊠OTH □PTY □SCC		3,496.16	41,969	.97
04/12/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		3,495.35	41,969	.97
			SUBTOTAL\$	14,633.53	11	

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from

01/01/2021

				through 06/30/	2021	Page 6 of 8
NAME OF FILER	County Professional Peace Officers' Association S	Special Issues	Committee			I.D. NUMBER 1223378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
04/12/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM 図OTH □PTY □SCC		614.61	41,969	9.97
05/03/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		3,417.11	41,969	9.97
05/17/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		3,480.45	41,969	9.97
05/17/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ⊠OTH □PTY □SCC		626.76	41,96	9.97
06/01/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		3,472.40	41,969	9.97
			SUBTOTAL	11,611.33		1 - 5

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from.

01/01/2021

				through 06/30/	2021	Page 7 of 8
NAME OF FILER Los Angeles	County Professional Peace Officers' Association S	pecial Issues	: Committee			I.D. NUMBER 1223378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DO CALENDAR YEA (JAN. 1 - DEC. 3	TO DATE
06/22/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM 図OTH □PTY □SCC		3,472.70	41,969	9.97
06/22/2021	Los Angeles County Professional Peace Officers' Association San Dimas, CA 91733 As an intermediary for its members. No contribution of \$100 or more.	□IND □COM ☑OTH □PTY □SCC		626.35	41,969	9.97
		OTH SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	4,099.05		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Stateme	ent covers period	SCHE	JULE I
from	01/01/2021		
through _	06/30/2021	Page _ 8 _ of _ 8	_
		I.D. NUMBER	
		1223378	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

106/3

Los Angeles County Professional Peace Officers' Association Special Issues Committee

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

CODE OR DESCRIPTION OF PAYME	ENT AMOUNT PAID
PRO	180.0
	9 9

SUBTOTAL\$

180.00

230.00

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov