

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Town of Atherton
City Clerk Department

COVER PAGE
CALIFORNIA
FORM
460

FEB 05 2021

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2020
through 12/31/2020

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

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
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)*

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Atherton Police Officers' Association PAC
I.D. NUMBER
1342855

Treasurer(s)

NAME OF TREASURER
Gary Crummitte
MAILING ADDRESS
249 E. Ocean Blvd. #670
CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802 (562) 983-0815

STREET ADDRESS (NO P.O. BOX)
2421 Broadway St
CITY STATE ZIP CODE AREA CODE/PHONE
Redwood City CA 94063 (562) 983-0815
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
249 E. Ocean Blvd. #670
CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802
OPTIONAL: FAX / E-MAIL ADDRESS
(562) 983-0817 / gary@crummittandassociates.com

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/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.


Signature of Treasurer or Assistant Treasurer

Executed on 01/07/2021 Date
By _____
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date
By _____
Signature of Controlling Officer/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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE _____

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 _____

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020 through 12/31/2020

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CALIFORNIA FORM 460

I.D. NUMBER 1342855

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NAME OF FILER

Atherton Police Officers' Association PAC

Contributions Received

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

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 4 325.00	700.00
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 325.00	700.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	2,153.79
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 325.00	2,853.79

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

_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	26,967.88
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	325.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	26,642.88

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	0.00
18. Cash Equivalents	See instructions on reverse	0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	2,153.79

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.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

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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 | PET | petition circulating | TEL | tv. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOI | voter registration |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Crummitt & Associates 249 E. Ocean Blvd. #670 Long Beach, CA 90802	PRO			325.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 325.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 325.00
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 325.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

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

OMP	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	PET	petition circulating	TEL	tv. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOI	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Atherton Police Officers Association 2421 Broadway St. Redwood City, CA 94063	IND Post cards, Yard signs, postage supporting Measure A	2,153.79	0.00	0.00	2,153.79
SUBTOTALS \$		2,153.79	0.00	0.00	2,153.79

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00

May be a negative number