Desimient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp RECEIVED BY	FORM 460
(Government Code Sections 34200-34210.3)	Statement covers period	Date of election if applicable: (Month, Day, Year)	2014 OCT -6 PM 8: 2	ige _ 1 _ of _ 6
SEE INSTRUC T IONS ON REVERSE	through09/30/2014	06/03/2014	CAMPAIDE PIR, E S DISCLEDINE SECTION	For Official Use Only
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ◯ State Candidate Election Committee ◯ Recall (Also Camplete Part 5) □ General Purpose Committee ◯ Sponsored ☒ Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	Special C Supplement Statement	Statement odd-Year Report ental Preelection t - Attach Form 495
3. Committee Information	D. NUMBER 1365279	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
Safety First: A Committee Supporting Paul T 2014	anaka for L.A. Sheriff	Rita Copeland MAILING ADDRESS		
STREET ADDRESS (NO P.O BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
	(916)348-9100			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO.	BOX	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS (916)348-9111 / campaigns@rcbs.us		OPTIONAL: FAX / E-MAIL ADDI	RESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ		nowledge the information contained he	erein and in the attached schedules is	s true and complete. I certify
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer	-
Executed on	BySignature of Co	ontrolling Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Sponsor	_
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	-
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

NAME OF OFFICEHOLDER OR CANDIDATE			OF BALLOT MEASURE				
TANKE OF STRICE OF STREET		(1) 1111	TO DIELOT MENOGRE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	BALL	OT NO. OR LETTER	JURISDICTIO	DN .		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP	lden	tify the controlling of	iceholder, car	ndidate, or stat	e measure p	roponent, if any
		NAM	E OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled to contributions or make expenditures on behalf of y	by you or are primarily formed to receive	OFF!	CE SOUGHT OR HELD		D	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?		marily Formed Can eholder(s) or candidate(s				
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (No	YES NO	offic NAM		s) for which this		orimarily forme	
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	offic NAM Pau	eholder(s) or candidate(s	candidate	OFFICE SOUGH	HT OR HELD S Sheriff	xd.
	YES NO	NAM Pau NAM	eholder(s) or candidate(s E OF OFFICEHOLDER OR (1 Tanaka	candidate	OFFICE SOUGH	orimarily forme	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (No. 2017) STATE	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE	NAM Pau NAM	eholder(s) or candidate(s) E OF OFFICEHOLDER OR (s) 1 Tanaka E OF OFFICEHOLDER OR (s)	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD S Sheriff HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO COMMITTEE ADDRESS (NO COMMITTEE NAME	YES NO NO NO NO NO NO NO N	NAM Pau NAM	eholder(s) or candidate(s) E OF OFFICEHOLDER OR (s) Tanaka E OF OFFICEHOLDER OR (s) E OF OFFICEHOLDER OR (s)	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH OFFICE SOUGH	HT OR HELD S Sheriff HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROMATTACHED SCHEDULES)

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

any).

18,369.51

13,214.49

Statement covers period from ____07/01/2014 CALIFORNIA FORM 460

through ___09/30/2014 Page __3 of _6 ____

SEE INSTRUCTIONS ON REVERSE

Contributions Received

Current Cash Statement

NAME OF FILER

Safety First: A Committee Supporting Paul Tanaka for L.A. Sheriff 2014

4. Nonmonetary Contributions Schedule C, Line 3

14. Miscellaneous Increases to Cash Schedule I, Line 4

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

Cash Equivalents and Outstanding Debts

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____

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

1. Monetary Contributions Schedule A, Line 3 \$ ______

5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ______

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____31,584.00

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

1365279

1/1 through 6/30 7/1 to Date

20. Contributions
Received \$ _____ \$ _____

21. Expenditures
Made \$ _____ \$ ____

Ex	Expenditures Made									
6.	Payments Made	Schedule E, Line 4	\$	18,369.51	\$	76,785.51				
7.	Loans Made	Schedule H, Line 3		0.00		0.00				
8.	SUBTOTAL CASH PAYMENTS	. Add Lines 6 + 7	\$	18,369.51	\$	76,785. <u>51</u>				
9.	Accrued Expenses (Unpaid Bills)	. Schedule F, Line 3				0.00				
10.	Nonmonetary Adjustment	. Schedule C, Line 3		0.00		0.00				
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	225.38	\$					

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

______ \$____

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

To calculate Column B, add

Column B

CALENDAR YEAR

TOTAL TO DATE

90,000.00

90,000.00

90,000.00

0.00

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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made	Type or prin Amounts may I to whole d	be rounded		Si		o7/01/2	•	CALIFO FOR		460
SEE INSTRUCTIONS ON REVERSE				thro	ugh _	09/30/2	014	Page	c	of6
NAME OF FILER								I.D NUM	BER	
Safety First: A Committee Supporting Paul Tanaka for L.	A. Sheriff 2014							136527	9 .	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ises lating s survey resear ivery and me	s	RAD RFD SAL TEL TRC TRS TSF VOT	radio a returne campa t.v. or c candid staff/sp transfe voter r	irtime and d contribution worked cable airtinate travel, souse traver between egistration	production itions rs' salaries ne and prod lodging, and el, lodging, committee	duction costs d meals and meals	ne candi	date/sponsor
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE)R	DESCRIPTION	N OF PAY	MENT			AMO	DUNT PAID
Lawrence Antuna		FND								13,500.00
Lawrence Antuna		FND								4,500.00
River City Business Services		PRO								144.13
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.					IBTOTAL\$		18,144.13
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	E subtotals \							\$	1.8	.369.51

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

0.00

0.00

Schedule E (Continuation Sheet)	Type or print Amounts may be to whole do	rounded		St	atement covers period	CALIFO	
Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Safety First: A Committee Supporting Paul Tanaka for L.	A Sheriff 2014			throu	07/01/2014 igh 09/30/2014		_5 of 6
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member come MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearances ses ating urvey research	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, as staff/spouse travel, lodging transfer between committed voter registration information technology cost	n costs s oduction cost nd meals , and meals es of the sai	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE OF	₹	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
River City Business Services		PRO					225.38

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

SUBTOTAL \$

225.38

Schedule F			
Accrued Expenses	(Unpaid	Bills)	

Type or print in ink.

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA ACO
from	07/01/2014	FORM 46U
through	09/30/2014	Page 6 of 6
		I.D. NUMBER

WEB information technology costs (internet, e-mail)

1365279

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Safety First: A Committee Supporting Paul Tanaka for L.A. Sheriff 2014

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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	t.v. 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)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

print ads

<u> </u>	•				,
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD 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
River City Business Services	PRO	144.13	0.00	144.13	0.00
Lawrence Antuna	FND	13,500.00	0.00	13,500.00	0.00
Lawrence Antuna	FND	4,500.00	0.00	4,500.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 18,144.13	0.00	18,144.13	0.00

Schedule F Summary

- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ \frac{-18,144.13}{May be a negative number}\$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)