

MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

**COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES**

**2002 ANNUAL FINANCIAL REPORT**  
(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1



STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: (916) 323-5079

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.

<p>Name and Address of Commercial Fund-raiser:</p> <p style="text-align: center;">139</p> <p>TBS PRODUCTIONS 100 WEST RINCON AVE, STE 102 CAMPBELL, CA 95008-2898</p>	<p>Name and Address of Charitable Organization:</p> <p>CT No. <u>55658</u> F.E.I.N. No. <u>68-0023302</u></p> <p style="text-align: center;">Correctional Peace Officers Foundation</p> <hr/> <p>Name of Charity <u>3909 Moonbeam Drive</u></p> <hr/> <p>Address of Charity <u>Sacramento, CA 95827</u></p> <hr/> <p>City, State, and ZIP Code of Charity</p>
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National Campaign  California Campaign

Benefit Magic Show held (on) (from) March 23, 20 02, to \_\_\_\_\_, 20\_\_\_\_  
(Type of Activity) (Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one) Fee  Percentage   
If other, provide brief explanation \_\_\_\_\_ Other

1. REVENUE

A. Cash contributions		A.	
B. Entertainment sales or admission charges	<u>288480.00</u>	B.	
C. Sales from products		C.	
D. Advertisement sales		D.	
E. Membership fees		E.	
F. Other sources: (Specify)			
a. _____		Fa.	
b. _____		Fb.	
c. _____		Fc.	
d. _____		Fd.	
G. TOTAL REVENUE			<u>288480.00</u> G.

2. EXPENSES

A. Fees or commissions	<u>245208.00</u>	A.	
B. Salaries		B.	
C. Payroll taxes		C.	
D. Employee benefits		D.	
E. Cost of merchandise for resale		E.	
F. Cost of entertainment		F.	
G. Postage		G.	
H. Advertising		H.	
I. Telephone		I.	
J. Rental of equipment		J.	
K. Facilities charge		K.	
L. Permits		L.	
M. Other expenses: (Specify)			
a. _____		Ma.	
b. _____		Mb.	
c. _____		Mc.	
d. _____		Md.	
N. TOTAL EXPENSES			<u>245208.00</u> N.

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- 3. Amount to Charity 43272.00 3.
- 4. Less additional fund-raising expenses paid by charity (to be completed by charity) \_\_\_\_\_ 4.
- 5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) \_\_\_\_\_ 5.
- 6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 43272.00 6.

7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

Yes  No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
 Signature of authorized officer (Commercial Fund-raiser) Michael G. Tremblay Pres. 01/08/2003  
Printed Name Title Date

This report must be signed by two officers or directors of the charitable organization for verifying the distribution.

\_\_\_\_\_  
 Signature SAL M. OSUNA NATIONAL DIRECTOR 1/17/03  
Printed Name Title Date

\_\_\_\_\_  
 Signature of authorized officer/director (Charity) SHIRLEY BARNES BUSINESS MANAGER 1/17/03  
Printed Name Title Date

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