

MAIL TO:  
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Sacramento, CA 95814  
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<http://ag.ca.gov/charities/>

**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

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>NIR</u> F.E.I.N. No. _____</p> <p style="text-align: center;">San Mateo Police Officers Association</p> <hr/> <p>Name of Charity 2000 S. Delawaare</p> <hr/> <p>Address of Charity San Mateo, CA. 94403</p> <hr/> <p>City, State, and ZIP Code of Charity</p>
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National Campaign  California Campaign

Family Variety Show held (on) (from) August 17, 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	310271.00	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.	
<b>G. TOTAL REVENUE</b>	310271.00		<b>G.</b>

**2. EXPENSES**

A. Fees or commissions	248216.80	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.	
<b>N. TOTAL EXPENSES</b>	248216.80		<b>N.</b>

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