

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

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

WEB SITE ADDRESS:
<http://lag.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><i>299</i></p> <p><i>Roman Promotions, Inc.</i> <i>527 N. Azusa Ave #218</i> <i>Covina, CA 91722</i></p>	<p>Name and Address of Charitable Organization:</p> <p>CT No. <i>552658</i> F.E.I.N. No. <i>68-0023302</i></p> <p><i>Correctional Peace officers foundation</i> Name of Charity <i>P.O. Box 348390</i> Address of Charity <i>Sacramento, CA 95834-8390</i> City, State, and ZIP Code of Charity</p>
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Figures from (check one): National Campaign California Campaign

Magic Artist Show held (on) (from) *Jan 10th*, 2002, to *June 1st*, 2002
(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 \$ 62,453 B.
- C. Sales from products _____ C.
- D. Advertisement sales _____ D.
- E. Membership fees _____ E.
- F. Other sources: (Specify) _____ Fa.
- a. _____ Fb.
- b. _____ Fc.
- c. _____ Fd.
- d. _____

G. TOTAL REVENUE \$ 62,453 G.

2. EXPENSES

- A. Fees or commissions \$ 13,464.86 A.
- B. Salaries \$ 14,883.29 B.
- C. Payroll taxes \$ 3,761.14 C.
- D. Employee benefits _____ D.
- E. Cost of merchandise for resale _____ E.
- F. Cost of entertainment \$ 2,715.25 F.
- G. Postage \$ 431.02 G.
- H. Advertising \$ 460.25 H.
- I. Telephone \$ 4,078.89 I.
- J. Rental of equipment _____ J.
- K. Facilities charge \$ 1,620.02 K.
- L. Permits \$ 425 L.

- M. Other expenses: (Specify) _____ Ma.
- a. _____ Mb.
- b. _____ Mc.
- c. _____ Md.
- d. _____

N. TOTAL EXPENSES \$ 46,839.75 N.

400675

3. Amount to Charity (subtract line 2N from line 1G) 15,613.25 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) _____ 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.

Joseph G. Difiore **PRESIDENT**
Joseph G. Difiore **Roman Promotions**

 Signature of authorized officer (Commercial Fund-raiser) Printed Name Title Date

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

SAL M. OSUNA **VICE CHAIRMAN** **4-28-03**

 Printed Name Title Date

Richard WALDO **NATIONAL DIRECTOR/TREASURER** **4-28-03**

 Signature of authorized officer/director (Charity) Printed Name Title Date

Attorney General's
 Registry of Charitable Assets

MAY 23 2003

RECEIVED

400676

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

Name and Address of Commercial Fund-raiser: 299 ROMAN PROMOTIONS, INC. 527 NORTH AZUSA AV, PMB 278 COVINA, CA 91722	Name and Address of Charitable Organization: CT No. <u>55058</u> F.E.I.N. No. <u>108-0023302</u> <u>Correctional Peace Officers Foundation</u> Name of Charity <u>P.O. Box 348390</u> Address of Charity <u>SACRAMENTO, CA 95834-8390</u> City, State, and ZIP Code of Charity
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National Campaign California Campaign

Holiday Variety Shows held (on) (from) June 2, 2002, to Dec 28th, 2002
(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)
If other, provide brief explanation _____ Fee Percentage
Other

1. REVENUE

- A. Cash contributions _____ A.
- B. Entertainment sales or admission charges \$ 54,725 B.
- C. Sales from products _____ C.
- D. Advertisement sales _____ D.
- E. Membership fees _____ E.
- F. Other sources: (Specify) _____ Fa.
- a. _____ Fb.
- b. _____ Fc.
- c. _____ Fd.
- d. _____

G. TOTAL REVENUE \$ 54,725 G.

2. EXPENSES

- A. Fees or commissions \$ 10,737.04 A.
- B. Salaries \$ 17,341.50 B.
- C. Payroll taxes \$ 2,957.35 C.
- D. Employee benefits _____ D.
- E. Cost of merchandise for resale _____ E.
- F. Cost of entertainment \$ 2,675.50 F.
- G. Postage \$ 366.70 G.
- H. Advertising \$ 443.22 H.
- I. Telephone \$ 4,521.30 I.
- J. Rental of equipment _____ J.
- K. Facilities charge 1,576.14 K.
- L. Permits 425- L.
- M. Other expenses: (Specify) _____ Ma.
- a. _____ Mb.
- b. _____ Mc.
- c. _____ Md.
- d. _____

N. TOTAL EXPENSES

400677

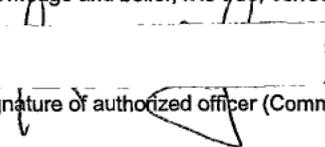
41,043.75 N.

3. Amount to Charity 13,681.25 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) _____ 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

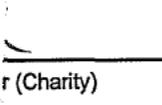
(b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

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.

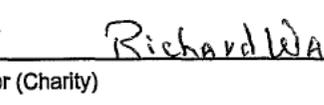

Joseph Difiore
President
Roman Promotions, Inc.

Signature of authorized officer (Commercial Fund-raiser) Printed Name Title Date

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


SAL M OSUNA
VICE CHAIRMAN
4-28-03

Signature of authorized officer/director (Charity) Printed Name Title Date


Richard Waldo
NATIONAL DIRECTOR / TREASURER
4-28-03

Signature of authorized officer/director (Charity) Printed Name Title Date

Attorney General's
Registry of Charitable Trusts

MAY 23 2003

RECEIVED

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