

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

WHERE TO FILE:

File original and one copy of this form with:
 Secretary of State
 Political Reform Division
 P.O. Box 1467
 Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
 The city or county officer, if any, who receives the
 committee's original campaign disclosure
 statements.

STATEMENT OF ORGANIZATION

Date Stamp RECEIVED 97 JAN 30 AM 10:26 REGISTRAR OF VOTERS COUNTY OF RIVERSIDE	CALIFORNIA 1994 FORM 410
	For Official Use Only RECEIVED FEB 5 1997 CITY CLERK

Amendment

Check box if an Amendment and enter I.D. number:

95-1841

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as Committee (Month, Day, Year) _____ Check box if not yet qualified

NAME OF COMMITTEE

Political Action Committee of The Palm Springs Police Officers Association

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

200 S. Civic / P.O. Box [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Palm Springs CA 92263 [REDACTED]

COUNTY OF DOMICILE

Riverside

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER

Ron Stuart

MAILING ADDRESS

200 S. Civic / P.O. Box [REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Palm Springs CA 92263 [REDACTED]

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

*** Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true.

Executed on <u>1/28/97</u>	At <u>Palm Springs, CA</u>	By <u>[REDACTED]</u>
Executed on _____	At _____	By _____
Executed on _____	At _____	By _____
Executed on _____	At _____	By _____

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

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NAME OF COMMITTEE

Political Action Committee of The Palm Springs Police Officers Association

I.D. NUMBER (IF AMENDMENT)

95-1841

V Type of Committee Completing This Statement:

COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE. SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTEE

PARTY

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

General Purpose Committee

not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a:

CITY Committee or

COUNTY Committee or

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To Support Candidates or measures That Share Common Interest with The Police Association.

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

ADDRESS OF SPONSOR: NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee:

(Month, Day, Year)

Check box if this committee no longer qualifies as a broad based committee.