

# Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

<p><b>Amendment</b></p> <p><input checked="" type="checkbox"/> Check box if an Amendment and enter I.D. number: # <u>95-1841</u></p>
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*K*  
*G33*

**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

<p>Date Stamp <b>RECEIVED AND FILE</b> In the office of the Secretary of State of the State of California</p> <p>JAN 31 1997</p> <p>BILL JONES, Secretary of State</p>	<p>CALIFORNIA 1994 FORM <b>410</b></p> <p>For Official Use Only <b>RECEIVED</b> MAY 06 1997 CITY CLERK</p>
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**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 \_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Palm Springs CA 92263 \_\_\_\_\_

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Riverside \_\_\_\_\_

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 \_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Palm Springs CA 92263 \_\_\_\_\_

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 and correct.

Executed on 1/28/97 At Palm Springs CA By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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.

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA  
1994 PERM **410**

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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**

If 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.