

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

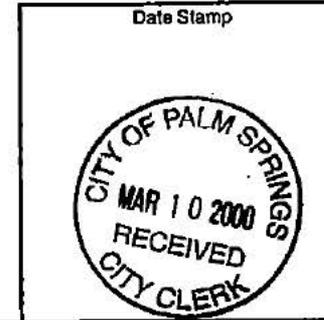
Termination - See Part 5
List I.D. number:

95-1841

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination



CALIFORNIA FORM **410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

POLITICAL ACTION COMMITTEE OF THE
PALM SPRINGS POLICE OFFICERS ASSOCIATION

STREET ADDRESS (NO P.O. BOX)

200 SOUTH CIVIC DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92262 760323-8116

MAILING ADDRESS (IF DIFFERENT)

P.O. BOX [REDACTED] P.S. CA 92263

OPTIONAL: FAX/E-MAIL ADDRESS

FAX 760 [REDACTED]

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

RIVERSIDE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ERIC GOYA

MAILING ADDRESS

P.O. BOX [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92262 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. 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 MARCH 8, 2000
DATE

By [REDACTED]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS ASSOC.

I.D. NUMBER

95-1841

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution and the disposition of surplus funds (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	DATE OPENED
<u>BANK OF AMERICA</u>	<u>760 340-1867</u>		<u>03-08-00</u>
ADDRESS CITY	STATE ZIP CODE	DISPOSITION OF SURPLUS FUNDS	
<u>588 SOUTH PALM CANYON DRIVE PALM SPRINGS CA 92262</u>			

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List 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

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COMMITTEE NAME

POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS ASSOC

I.D. NUMBER

95-1841

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

No ACTIVITY FROM 01-01-00 THROUGH 03-08-00

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

(For purposes of special election contribution limits)

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to the Information Manual on Campaign Disclosure Provisions of the Political Reform Act, for Elected Officers, Candidates and their Controlled Committees (Manual A).
 - Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.