

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
95-1841

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

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp

sent to his date 3/14/03

CITY OF PALM SPRINGS
FEB 20 2003
RECEIVED
CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Palm Springs Police Assoc PAC

STREET ADDRESS (NO PO. BOX)

200 S. CIVIC DR

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs CA 92262

MAILING ADDRESS (IF DIFFERENT)

P.O. Box

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

RIVERSIDE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

WALTER COMAS JR

STREET ADDRESS

200 S. CIVIC DR

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs CA 92262

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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

CATHEDRAL CITY CA 92234

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 2/20/03
DATE

By _____
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