

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

For Official Use Only

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# 95-1841

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_

Date Stamp  
*MAILED  
To STATE  
8/19/03*

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_  
Date of Termination

**1. Committee Information**

NAME OF COMMITTEE  
PALM SPRINGS POLICE OFFICERS ASSOCIATION  
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)  
200 S. CIVIC DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE  
PALM SPRINGS CA 92262

MAILING ADDRESS (IF DIFFERENT)  
P.O. Box

OPTIONAL: FAX / E-MAIL ADDRESS  
PALM SPRINGS, CA 92263

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

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
SIMON MIN

STREET ADDRESS  
P.O. Box

CITY STATE ZIP CODE AREA CODE/PHONE  
PALM SPRINGS CA 92263

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

**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 complete.

Executed on 8/19/03  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT