

**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:

1/24/12
Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp RECEIVED CITY OF PALM SPRINGS 2012 JAN 30 AM 9:38 JAMES THOMPSON CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
--	---

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
PALM SPRINGS POLICE OFFICERS ASSOCIATION

STREET ADDRESS (NO P.O. BOX)

P.O. Box _____

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92263 _____

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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

RIVERSIDE RIVERSIDE

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER

SIMON MIN

STREET ADDRESS (NO P.O. BOX)

P.O. Box _____

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92263 _____

NAME OF ASSISTANT TREASURER, IF ANY

LAUREN DRINKWATER

STREET ADDRESS (NO P.O. BOX)

P.O. Box _____

CITY STATE ZIP CODE AREA CODE/PHONE

PALM SPRINGS CA 92263 _____

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 1-24-12
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

Executed on _____
DATE

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