Statement of Organization
Recipient Committee

RECEIVED
in the office of the Secretary of State
of the State of California
Date Stamp
OCT 04 2012
Hand Delivered, Sacramento
Debra Bowen, Secretary of State

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only

RECEIVED
CITY OF PALM SPRINGS
2012 OCT 17 AM 8:06
JAMES THOMAS
CITY CLERK

Statement Type: ◯ Initial — Not yet qualified ◯ or — Date qualified as committee

● Amendment — List I.D. number # 951841 — Date qualified as committee

◯ Termination — List I.D. number # — Date of Termination

1. Committee Information

COMMITTTEE/FILER'S NAME
Palm Springs Police Officers Association Political Action Committee

STREET ADDRESS (NO PO BOX)
1415 L St Ste 410 Sacramento

CITY: Sacramento — STATE: CA — ZIP CODE: 95814 — AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted] ordoslaw@jps.net

COUNTY OF DOMICILE: Sacramento

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Wayne Ordos

STREET ADDRESS
1415 L St Ste 410

CITY: Sacramento — STATE: CA — ZIP CODE: 95814 — AREA CODE/PHONE: [redacted]

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
William Hutchinson
President, PSPOA

STREET ADDRESS
180 N Luring Dr

CITY: Palm Springs — STATE: CA — ZIP CODE: 92262 — AREA CODE/PHONE: [redacted]

3. Verification

I have used all reasonalbe diligence in preparing and reviewing 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 [redacted] true and correct.

Executed on 10/1/12 By [redacted]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION
CALIFORNIA FORM **410**

COMMITTEE NAME	I.D. NUMBER
Palm Springs Police Officers Association Political Action Committee	951841

4. Type of Committee

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 wich each officeholder or candidate is affiliated or check "non-partisan".
- If this committee acts jointly with another controlled committee, list the name and identification 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
			◯ Non-Partisan
			◯ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled 'candidate election' committees only).

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE NO.	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

Primarily Formed Committee

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

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION
CALIFORNIA FORM **410**

COMMITTEE NAME	I.D. NUMBER
Palm Springs Police Officers Association Political Action Committee	951841

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election.

● **CITY Committee** ○ **COUNTY Committee** ○ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY: Support and oppose candidates and issues

Sponsored Committee

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Palm Springs Police Officers Association	Law Enforcement Labor Organization

ADDRESS	CITY	STATE	ZIP CODE
180 N Luring Dr	Palm Springs	CA	92262

Small Contributor Committee ○ _____ Date qualified — Date this committee qualified as a small contributor committee

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officholder, 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 recieved, 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 disposal of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -. 89518. and are subject to Electins Code Secion 18680 and FPPC Regulation 18521.5.