

Statement of Organization

Recipient Committee

Statement Type Initial Amendment Not yet qualified or

Date qualified as committee

List I.D. number 2016 JUL 28 AM 11:15

951841

Date qualified as committee (if applicable)

JAMES THOMPSON CITY CLERK

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California

JUL 11 2016

Hand Delivered, Sacramento

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Palm Springs Police Officers Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

1121 L Street, Ste. 200

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

ordoslaw@jps.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Sacramento City of Palm Springs

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Wayne Ordos

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Wayne Ordos

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

Attach additional information on appropriately labeled continuation sheets.

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 information provided is true and complete.

Executed on 7/10/16 By [Signature] ASSISTANT TREASURER

Executed on By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Palm Springs Police Officers Association Political Action Committee

I.D. NUMBER

951841

2a. Additional Officers

NAME OF OTHER PRINCIPAL OFFICER(S)

Joe Cook

MAILING ADDRESS

180 N. Luring Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	(916) 556-1776

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

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COMMITTEE NAME

Palm Springs Police Officers Association Political Action Committee

I.D. NUMBER

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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (800) 225-5935	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1510 Arden Way	CITY Sacramento	STATE CA	ZIP CODE 95815

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 "nonpartisan."
- 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"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Palm Springs Police Officers Association Political Action Committee

I.D. NUMBER
951841

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

Support and oppose state and local candidates

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
Palm Springs Police Officers Association		Law enforcement labor organization		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
180 N. Luring Drive		Palm Springs	CA	92262

Small Contributor Committee _____
Date qualified

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 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 Elections Code Section 18680 and FPPC Regulation 18521.5.