

COPY

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

RECEIVED AND FILED

Office of the Secretary of State of the State of California

AUG 28 2020

Date Stamp

CALIFORNIA FORM 410

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OFFICE OF THE CITY CLERK

Hand Delivered, Sacramento

1. Committee Information

I.D. Number

(if applicable)

951841

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Palm Springs Police Officers Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Palm Springs

NAME OF TREASURER

Andreas C. Rockas

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)

Joe Cook

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 preparation of this statement. 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 8/27/20

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Palm Springs Police Officers Association Political Action Committee	ID. NUMBER 951841
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1709	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS 550 S. Hope Street, Suite 100	CITY Los Angeles	STATE CA	ZIP CODE 90071	

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

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

To support and oppose state and local candidates.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Palm Springs Police Officers Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Law enforcement labor organization

STREET ADDRESS

NO. AND STREET

CITY

Sacramento

STATE

CA

ZIP CODE

95814

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.

**Additional Comments
For Form 410**

**ADDITIONAL COMMENTS
CALIFORNIA
FORM 410**

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COMMITTEE NAME

Palm Springs Police Officers Association Political Action Committee

I.D. NUMBER

951841

Palm Springs Police Officers Association's mailing address: P.O. Box 1881, Palm Springs, CA 92263