Statement of Organization
Recipient Committee

Statement Type ☐ Initial ☒ Amendment ☐ Termination – See Part 5

Not yet qualified ☐ or

COPY

List I.D. number: # 1280884

List I.D. number: #

___/___/___ Date qualified as committee

10/10/2005 Date qualified as committee (If applicable)

___/___/___ Date of Termination

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AUG 8 2015
CITY CLERK'S OFFICE
CITY OF WEST COVINA

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
West Covina Police Officers Association PAC Sponsored by West Covina Police Offiers Association

STREET ADDRESS (NO P.O. BOX)
1444 West Garvey Avenue

CITY: West Covina, CA 91791 | STATE | ZIP CODE | AREA CODE/PHONE: 626-939-8568

MAILING ADDRESS (IF DIFFERENT)
111 N. La Brea Avenue, Suite 408
Inglewood, CA 90301

FAX / E-MAIL ADDRESS
310-672-6679 mymsanders@politicalreportingplus.com

COUNTY OF DOMICILE: Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE: City of West Covina

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michelle Moore Sanders

STREET ADDRESS (NO P.O. BOX)
111 N. La Brea Avenue, Suite 408

CITY: Inglewood, CA 90301 | STATE | ZIP CODE | AREA CODE/PHONE: 310-817-6679

NAME OF ASSISTANT TREASURER, IF ANY
Cine D. Ivery

STREET ADDRESS (NO P.O. BOX)
111 N. La Brea Avenue, Suite 408

CITY: Inglewood, CA 90301 | STATE | ZIP CODE | AREA CODE/PHONE: 310-817-6679

NAME OF PRINCIPAL OFFICER(S)
Dave Sifling

STREET ADDRESS (NO P.O. BOX)
1444 West Garvey Avenue

CITY: West Covina, CA 91791 | STATE | ZIP CODE | AREA CODE/PHONE: 626-939-8568

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 correct.

Executed on 7/29/15 (DATE) By Michelle Moore (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)

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CITY CLERK'S OFFICE
CITY OF WEST COVINA

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
West Covina Police Officers Association PAC Sponsored by West Covina Police Offiers Association

I.D. NUMBER
1280884

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo	800-225-5935	6223773851

ADDRESS	CITY	STATE	ZIP CODE
2322 Azusa	West Covina	CA	91792

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
			☐ Nonpartisan
			☐ 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
		☐	☐
		☐	☐

Statement of Organization
Recipient Committee

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CITY OF WEST COVINA

CALIFORNIA FORM 410

COMMITTEE NAME
West Covina Police Officers Association PAC Sponsored by West Covina Police Offiers Association

I.D. NUMBER
1280884

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:

[X] CITY Committee [ ] COUNTY Committee [ ] STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Voter Education and Awareness

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
West Covina Police Officers Association	

STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE
1444 West Garvey Avenue	West Covina	CA	91791

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.