

COPY

Statement of Organization
Recipient Committee

Statement Type Initial Amendment

Not yet qualified or

List I.D. number: **1280384**

Termination - See Part 5
List I.D. number:

Date qualified as committee: 10/10/2005

Date of Termination: _____

Date Stamp
RECEIVED
2015 OCT -8 AM 9:02
CITY OF WEST COVINA
CITY CLERK'S OFFICE

For Official Use Only
CALIFORNIA 410 FORM

1. Committee Information

NAME OF COMMITTEE: **WEST COVINA POLICE OFFICERS ASSOCIATION PAC,
SPONSORED BY WEST COVINA POLICE OFFICERS ASSOCIATION**

STREET ADDRESS (NO P.O. BOX)

111 N. LA BREA AVE., SUITE 408

CITY STATE ZIP CODE AREA CODE/PHONE
INGLEWOOD CA 90301 (310)817-6679

MAILING ADDRESS (IF DIFFERENT)
P. O. BOX 236, WEST COVINA, CA 91793

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

COUNTY OF DOMICILE: **LOS ANGELES**
JURISDICTION WHERE COMMITTEE IS ACTIVE: **CITY OF WEST COVINA**

2. Treasurer and Other Principal Officers

NAME OF TREASURER: **MICHELLE MOORE SANDERS**

STREET ADDRESS (NO P.O. BOX)

111 N. LA BREA AVE., SUITE 408

CITY STATE ZIP CODE AREA CODE/PHONE
INGLEWOOD CA 90301 (310)817-6679

NAME OF ASSISTANT TREASURER, IF ANY
CINE D. IVERY

STREET ADDRESS (NO P.O. BOX)
111 N. LA BREA AVE., SUITE 408

CITY STATE ZIP CODE AREA CODE/PHONE
INGLEWOOD CA 90301 (310)817-6679

NAME OF PRINCIPAL OFFICER(S)
DAVID SIFLING

STREET ADDRESS (NO P.O. BOX)
111 N. LA BREA AVE., SUITE 408

CITY STATE ZIP CODE AREA CODE/PHONE
INGLEWOOD, CA 90301 (310)817-6679

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 foregoing is true and correct.

Executed on 10/6/2015 By Michelle Moore Sanders SIGNATURE OF CONTROLLING OFFICER/CLERK, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CLERK, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CLERK, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CLERK, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

WEST COVINA POLICE OFFICERS ASSOCIATION PAC, SPONSORED BY WEST COVINA POLICE OFFICERS ASSOCIATION

1280884

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO	AREA CODE/PHONE (800)225-5935	BANK ACCOUNT NUMBER 6223773851
ADDRESS 2322 AZUSA	CITY WEST COVINA	STATE CA
	ZIP CODE 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, 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

WEST COVINA POLICE OFFICERS ASSOCIATION PAC, SPONSORED BY WEST COVINA POLICE OFFICERS ASSOCIATION

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

VOTER EDUCATION AND AWARENESS

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

WEST COVINA POLICE OFFICERS ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

POLICE OFFICERS

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

111 N LA BREA AVENUE, SUITE 408

INGLEWOOD

CA

90301

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, 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.