

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

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

# 1280884

# \_\_\_\_\_

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

\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED</b>	
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CITY OF WEST COVINA CITY CLERK'S OFFICE	

*Courtesy Copy*

\_\_\_\_\_  
Date qualified as committee

**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)

_____ CITY	_____ STATE	_____ ZIP CODE	_____ AREA CODE/PHONE
<u>West Covina</u>	<u>CA</u>	<u>          </u>	<u>          </u>

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_  
FAX / E-MAIL ADDRESS  
\_\_\_\_\_

_____ COUNTY OF DOMICILE	_____ JURISDICTION WHERE COMMITTEE IS ACTIVE
<u>Los Angeles</u>	<u>City of West Covina</u>

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
David Sifling  
STREET ADDRESS (NO P.O. BOX)

_____ CITY	_____ STATE	_____ ZIP CODE	_____ AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>          </u>	<u>          </u>

NAME OF ASSISTANT TREASURER, IF ANY  
Cine D. Ivery  
STREET ADDRESS (NO P.O. BOX)

_____ CITY	_____ STATE	_____ ZIP CODE	_____ AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>          </u>	<u>          </u>

NAME OF PRINCIPAL OFFICER(S)  
Michelle Moore Sanders - Asst. Treasurer  
STREET ADDRESS (NO P.O. BOX)

_____ CITY	_____ STATE	_____ ZIP CODE	_____ AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>          </u>	<u>          </u>

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 the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>7/30/2017</u> 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

**CALIFORNIA  
FORM 410**

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	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
Wells Fargo	[REDACTED]	[REDACTED]		
ADDRESS	CITY	STATE	ZIP CODE	
[REDACTED]	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	PAR TY
			<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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
West Covina Police Officers Association PAC Sponsored by West Covina Police Officers 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:  
 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		Police Officers		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		West Covina	CA	

**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.