

Statement of Organization Recipient Committee

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STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:
1322533

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:
1322533
04/21/15

Date of Termination

Date Stamp

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

APR 24 2015

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CITY CLERK

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CITY BY

REDACTED

1. Committee Information

NAME OF COMMITTEE

Costa Mesa Police Officers Association Independent Expenditure Committee

STREET ADDRESS (NO P. O. BOX)

1415 L St Ste 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 556-1776

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

916/556-1233 ordoslaw@jps.net

COUNTY OF DOMICILE

Sacramento

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

City of Costa Mesa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Wayne Ordos

STREET ADDRESS

1415 L Street, Suite 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 556-1776

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Rob Dimel
President

MAILING ADDRESS

99 Fair Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92626	(916) 556-1776

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

Executed on 04/21/2015
DATE

By Wayne Ordos
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

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Costa Mesa Police Officers Association Independent Expenditure Committee

1322533

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 "non-partisan."
- 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
	District:		<input type="checkbox"/> Non-Partisan
	District:		<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo	800/225-5935	REDACTED	
ADDRESS 400 Capitol Mall	CITY Sacramento	STATE CA	ZIPCODE 95814

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 (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Ballot:	District:	SUPPORT	OPPOSE
Ballot:	District:	SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Costa Mesa Police Officers Association Independent Expenditure Committee

1322533

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 make independent expenditures supporting and opposing candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Costa Mesa Police Officers Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Police Officers

STREET ADDRESS

99 Fair Dr

NO. AND STREET

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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 expenditure 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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

**Statement of Organization
Recipient Committee**

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CALIFORNIA **410**
FORM

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COMMITTEE NAME

Costa Mesa Police Officers Association Independent Expenditure Committee

I.D. NUMBER

1322533

2. Treasurer and Other Principal Officers Complete the applicable sections.

Treasurer and Other Principal Officers

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Wayne Ordos
Treasurer

STREET ADDRESS

1415 L St
Ste 410

CITY

Sacramento

STATE

CA

ZIP CODE

95814

AREA CODE/PHONE

(916) 556-1776