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: West Covina
STATE: CA
ZIP CODE: ______
AREA CODE/PHONE: ______

MAILING ADDRESS (IF DIFFERENT)

CITY: Inglewood
STATE: CA
ZIP CODE: ______
AREA CODE/PHONE: ______

EMAIL ADDRESS

COUNTY OF DOMICILE: Los Angeles
JURISDICTION WHERE COMMITTEE IS ACTIVE: City of West Covina

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Ted Stephan

STREET ADDRESS (NO P.O. BOX)

CITY: Inglewood
STATE: CA
ZIP CODE: ______
AREA CODE/PHONE: ______

NAME OF ASSISTANT TREASURER, IF ANY
Cine B. Ivery

STREET ADDRESS (NO P.O. BOX)

CITY: Inglewood
STATE: CA
ZIP CODE: ______
AREA CODE/PHONE: ______

NAME OF PRINCIPAL OFFICER(S)
Dave Sifling - Pres.

STREET ADDRESS (NO P.O. BOX)

CITY: Inglewood
STATE: CA
ZIP CODE: ______
AREA CODE/PHONE: ______

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge, information and belief, the statements and information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the following is true and correct:

Executed on 9/5/2017
DATE
By ____________________________
SIGNATURE OF TREASURER

Executed on ______________________
DATE
By ____________________________
SIGNATURE OF PRINCIPAL OFFICER

Executed on ______________________
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICER

Executed on ______________________
DATE
By ____________________________
SIGNATURE OF CANDIDATE OR STATE MEASURE PROONENT

Executed on ______________________
DATE
By ____________________________
SIGNATURE OF CANDIDATE OR STATE MEASURE PROONENT
# 2a. Additional Officers / Assistant Treasurers

<table>
<thead>
<tr>
<th>NAME</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Moore Sanders - Asst. Treasurer</td>
<td>Inglewood, CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inglewood</td>
<td>CA</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>
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

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
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 INDUSTRY GROUP OR AFFILIATION OF SPONSOR
West Covina Police Officers Association Police Officers

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

[Redacted]
West Covina CA [Redacted]

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.