

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 890150
 _____ / _____ / _____ # _____
 Date qualified as committee Date qualified as committee Date of Termination
(If applicable)

Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
JUL 31 2014	
CITY CLERK CITY OF CHICO	

1. Committee Information
 NAME OF COMMITTEE
CHICO POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE
 STREET ADDRESS (NO P.O. BOX)

 STATE ZIP CODE AREA CODE/PHONE
CHICO CA: 95928
 MAILING ADDRESS (IF DIFFERENT)
PO Box 5686
 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
BUTTE

2. Treasurer and Other Principal Officers
 NAME OF TREASURER
JUSTIN ADRIAN
 STREET ADDRESS (NO P.O. BOX)

 STATE ZIP CODE AREA CODE/PHONE
CHICO
 NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL R. CALDWELL
 STREET ADDRESS (NO P.O. BOX)

 STATE ZIP
CHICO CA 95928
 NAME OF PRINCIPAL OFFICER(S)
PETER DURFEE
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
CHICO CA 95928

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 07/31/14 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

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COMMITTEE NAME CHICO POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE I.D. NUMBER 890156

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

NAME OF FINANCIAL INSTITUTION <u>RABOBANK</u>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER <u>0883625534</u>
ADDRESS [REDACTED]	STATE <u>CA.</u>	ZIP CODE <u>95926</u>

[REDACTED] 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
			<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
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COMMITTEE NAME

CHICO POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE

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I.D. NUMBER

896150

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

UNCHANGED

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period from <u>07/01/13</u> through <u>12/31/13</u>	Date of election if applicable: (Month, Day, Year) _____
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Date Stamp RECEIVED JUL 31 2014 CITY CLERK CITY OF CHICO	CALIFORNIA FORM 450
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For Official Use Only	

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
890150

COMMITTEE NAME
CHICO POLICE OFFICERS ASSOCIATION
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
CHICO CA 95928

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
CHICO CA 95928

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
JUSTIN ADRIAN

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
CHICO CA 95928

NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL CALDWELL

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
CHICO CA 95928

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 7/31/14
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>07/01/13</u> through <u>12/31/13</u>	CALIFORNIA FORM 450
Page <u>2</u> of <u>3</u>	I.D. NUMBER <u>890150</u>

NAME OF COMMITTEE

CHICO POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$ <u>0</u>
4. Nonmonetary Adjustment	From Line 8 Below	<u>0</u>
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ <u>0</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>0</u>
8. Non-monetary contributions received this period		<u>0</u>
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$ <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$ <u>0</u>

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15	\$ <u>7800.15</u>
12. Cash receipts this period	Line 7 above	<u>0</u>
13. Miscellaneous increases to cash		\$ <u>0</u>
14. Cash expenditures this period	Line 3 above	<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>7800.15</u>

**Recipient Committee
Campaign Statement – Short Form**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/13
through 12/31/14

**CALIFORNIA
FORM 450**

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

CHICO POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE

I.D. NUMBER

890150

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
	<u>NONE</u>				<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.