

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1287053

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

OK

Date Stamp
FILED
in the office of the Secretary of State
of the State of California

JAN 05 2015

CALIFORNIA FORM 410
City Clerk's Office
JAN 20 2015
RECEIVED

1. Committee Information

NAME OF COMMITTEE

Milpitas Police Officers Association

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	Ca	95035	408-890-1476

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Santa Clara County

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Elsa C Buchanok

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	Ca	95035	408-318-7610

NAME OF ASSISTANT TREASURER, IF ANY

Jennifer Napolitan

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	Ca	95035	408-890-1476

NAME OF PRINCIPAL OFFICER(S)

Tyler Jamison

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	Ca	95035	408-890-1476

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 _____ 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**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER 1287053

COMMITTEE NAME
Milpitas Police Officers Association

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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	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"/>