

**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 \_\_\_\_\_ By \_\_\_\_\_  
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

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
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"/>

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or  
 List I.D. number: **1287053**  
 # \_\_\_\_\_  
 Date qualified as committee \_\_\_\_\_  
 Date qualified as committee (if applicable) \_\_\_\_\_  
 Date of Termination \_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California	For Official Use Only
<b>SEP 25 2014</b>	<b>OCT 03 2014</b>

**1. Committee Information**

NAME OF COMMITTEE  
**Milpitas Police Officers Association PAC**

STREET ADDRESS (NO P.O. BOX)  
**1313 N Milpitas Blvd., Suite 161**

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

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
**elsabuchanok@yahoo.com**

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Elsa Buchanok**

STREET ADDRESS (NO P.O. BOX)  
**1313 N. Milpitas Blvd., Suite 161**

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

NAME OF ASSISTANT TREASURER, IF ANY  
**Jennifer Napoutan**

STREET ADDRESS (NO P.O. BOX)  
**1313 N. Milpitas Blvd., Suite 161**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Milpitas, Ca</b>	<b>Ca</b>	<b>95035</b>	<b>408-890-1476</b>

NAME OF PRINCIPAL OFFICER(S)  
**Tyler Jameson**

STREET ADDRESS (NO P.O. BOX)  
**1313 N Milpitas Blvd., Suite 161**

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

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 9/23/14 By Elsa C. Buchanok  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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