

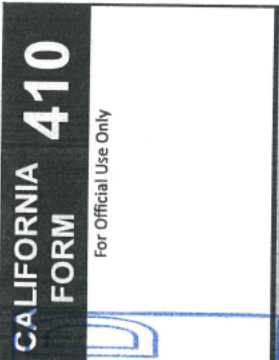
Courtesy Copy

Statement of Organization Recipient Committee Statement Type

Initial Not yet qualified or Date qualification threshold met

Amendment Date qualification threshold met

Termination - See Part 6 Date of termination



1. Committee Information I.D. Number (if applicable) 1433322

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE COMMITTEE TO OPPOSE DEZ MYERS FOR COUNCIL 2022 SPONSORED BY PALOS VERDES POLICE OFFICERS ASSOCIATION

NAME OF TREASURER

Cine D. Ivery STREET ADDRESS (NO PO. BOX)

1 W. Manchester Blvd., Suite 700 CITY STATE ZIP CODE AREA CODE/PHONE

Inglewood CA 90301

NAME OF ASSISTANT TREASURER, IF ANY Michelle Moore Sanders STREET ADDRESS (NO PO. BOX)

1 W. Manchester Blvd., Suite 700 CITY STATE ZIP CODE AREA CODE/PHONE

Inglewood CA 90301

NAME OF PRINCIPAL OFFICER(S)

Aaron Belda STREET ADDRESS (NO PO. BOX)

1 W. Manchester Blvd., Suite 700 CITY STATE ZIP CODE AREA CODE/PHONE

Inglewood CA 90301

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

Executed on SEP 11 2022 By DATE

Executed on By DATE

Executed on By DATE

Executed on By DATE



SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

1433322

COMMITTEE NAME
COMMITTEE TO OPPOSE DEZ MYERS FOR COUNCIL 2022 SPONSORED BY PALOS VERDES POLICE OFFICERS ASSOCIATION

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

NAME OF FINANCIAL INSTITUTION
California Bank & Trust

AREA CODE/PHONE
[REDACTED]

BANK ACCOUNT NUMBER
[REDACTED]

ADDRESS
550 S Hope Street, Suite 100

CITY
Los Angeles

STATE
CA

ZIP CODE
90071

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE	(list political party below)
			Nonpartisan	
			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)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

Dez Myers

City Council Member City of Palos Verdes

	CHECK ONE
SUPPORT	OPPOSE
	X
SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM
410

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COMMITTEE NAME

COMMITTEE TO OPPOSE DEZ MYERS FOR COUNCIL 2022 SPONSORED BY PALOS VERDES POLICE OFFICERS ASSOCIATION

I.D. NUMBER

1433322

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

Palos Verdes Police Officers Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Police Officers

STREET ADDRESS

340 Palos Verdes Dr W

CITY

Palos Verdes Estates

STATE

CA

ZIP CODE

90274

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officerholder, 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.