

**Statement of Organization  
Recipient Committee**

Statement Type

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Initial  | <input checked="" type="checkbox"/> Amendment      | <input type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met<br>10 / 12 / 2020 | Date of termination                               |

Date Stamp  
**RECEIVED**  
OCT 19 2020  
City Clerk's Office  
City of Los Alamitos

**CALIFORNIA FORM 410**  
For Official Use Only

| 1. Committee Information  |  |   |  | 2. Treasurer and Other Principal Officers                           |  |                                     |  |
|---|--|---|--|---|--|-------------------------------------|--|
| NAME OF COMMITTEE<br><b>Yes on Measure Y, Sponsored by Los Alamitos Police Officers Association</b> |  |   |  | NAME OF TREASURER<br><b>Shaun Krogman</b>                           |  |                                     |  |
| STREET ADDRESS (NO P.O. BOX)  |  |   |  | STREET ADDRESS (NO P.O. BOX)  |  |                                     |  |
| CITY STATE ZIP CODE AREA CODE/PHONE<br><b>Sacramento CA 95814</b>                                   |  |   |  | CITY STATE ZIP CODE AREA CODE/PHONE<br><b>Los Alamitos CA 90720</b> |  | NAME OF ASSISTANT TREASURER, IF ANY |  |
| FULL MAILING ADDRESS (IF DIFFERENT)   |  |   |  | STREET ADDRESS (NO P.O. BOX)  |  |                                     |  |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  |  |   |  | CITY STATE ZIP CODE AREA CODE/PHONE                                 |  |                                     |  |
| COUNTY OF DOMICILE<br><b>Orange</b>   |  | JURISDICTION WHERE COMMITTEE IS ACTIVE<br><b>City of Los Alamitos</b> |  | NAME OF PRINCIPAL OFFICER(S)<br><b>Shaun Krogman</b>                |  |                                     |  |
| <i>Attach additional information on appropriately labeled continuation sheets.</i>                  |  |   |  | STREET ADDRESS (NO P.O. BOX)<br><b>3201 Katella Avenue</b>          |  |                                     |  |
|   |  |   |  | CITY STATE ZIP CODE AREA CODE/PHONE<br><b>Los Alamitos CA 90720</b> |  |                                     |  |

**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 information is true and complete.

Executed on 10/15/20 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME  
**Yes on Measure Y, Sponsored by Los Alamitos Police Officers Association**

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

|  |                               |                                   |                          |
|--|-------------------------------|-----------------------------------|--------------------------|
| NAME OF FINANCIAL INSTITUTION<br><b>Southland Credit Union</b> | AREA CODE/PHONE<br>[REDACTED] | BANK ACCOUNT NUMBER<br>[REDACTED] |                          |
| ADDRESS<br>[REDACTED]  | CITY<br><b>Los Alamitos</b>   | STATE<br><b>CA</b>                | ZIP CODE<br><b>90720</b> |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE |          | (list political party below) |
|--|---|------------------|-----------------|----------|------------------------------|
|  |   |                  | Nonpartisan     | Partisan |                              |
|  |   |                  |                 |          |                              |
|  |   |                  |                 |          |                              |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| Measure Y - Los Alamitos  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality of Life, 911 Police Response, Business/Job Protection Measure   |  | <input type="checkbox"/>            | <input type="checkbox"/> |

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**Yes on Measure Y, Sponsored by Los Alamitos 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

*Sponsored Committee* List additional sponsors on an attachment.

| NAME OF SPONSOR                          |                | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |       |          |                 |
|--|----------------|--|-------|----------|-----------------|
| Los Alamitos Police Officers Association |                | Police Officers Association              |       |          |                 |
| STREET ADDRESS                           | NO. AND STREET | CITY                                     | STATE | ZIP CODE | AREA CODE/PHONE |
| 3201 Katella Avenue                      |                | Los Alamitos                             | CA    | 90720    | 916-556-1776    |

*Small Contributor Committee*  \_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or parent 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.