

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2020

Date Stamp

RECEIVED  
CITY OF LOS ALAMITOS

2021 JAN -5 PM 12:58

**CALIFORNIA FORM 410**

For Official Use Only

**1. Committee Information** I.D. Number **1434144**  
(if applicable)

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

STREET ADDRESS (NO P.O. BOX)  
**1121 L Street, Ste. 200**

CITY <b>Sacramento</b>	STATE <b>CA</b>	ZIP CODE <b>95814</b>	AREA CODE/PHONE <b>916-556-1776</b>
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FULL MAILING ADDRESS (IF DIFFERENT)  
**P.O. Box 678, Los Alamitos, CA, 90720**

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**fppc@rockslaw.com**

COUNTY OF DOMICILE <b>Orange</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Los Alamitos</b>
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*Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Shaun Krogman**

STREET ADDRESS (NO P.O. BOX)  
**3201 Katella Avenue**

CITY <b>Los Alamitos</b>	STATE <b>CA</b>	ZIP CODE <b>90720</b>	AREA CODE/PHONE <b>916-556-1776</b>
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)  
**Shaun Krogman**

STREET ADDRESS (NO P.O. BOX)  
**3201 Katella Avenue**

CITY <b>Los Alamitos</b>	STATE <b>CA</b>	ZIP CODE <b>90720</b>	AREA CODE/PHONE <b>916-556-1776</b>
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**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 01/05/2021 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

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