

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **8872** 

## Political Organization Report of Contributions and Expenditures

(July 2000)		= = = =	(OMB NO 1545-1696)	
Deparment of the Treasury Internal Revenue Service				
A For the period beginni	ng 01/01/2008	and ending	03/31/2008	
B Check applicable boxe			nended report  Final report	
1 Name of organization		Law Enforcement Association	1M Employer identification number	
•	Governors Fund Box or number, street, and room or	suite number)	11-101/199	
2029 H Street City or town, state, and	ZIP code			
Sacramento, CA				
3 E-mail address of orga	inization	<del>-</del> -	4 Date organization was formed	
5a Name of custodian of	records	5b Custodian's address		
Wayne Ordos		1415 L Street, Suite 410 Sacramento, CA 95814-		
6a Name of contact person		6b Contact person's address		
7 Business address of or	rganization (if different from mailing	address shown above) Number, street, and	room or suite number	
City or town, state, and	ZIP code			
8 Type of report (check of	only one box)			
a 🕢 First quarterly r	report (due by Aprıl 15)	f Monthly report of (due by the 20th day follow) December report, which is o	ing the month shown above, except due by January 31)	
<b>b</b> Second quarte	rly report (due by July 15)	g Pre-election report (due by	the 12th or 15th day before the election)	
c  Third quarterly	report (due by October 15)	(1) Type of election  (2) Date of election		
d	terly report (due by January 31)	(3) For the state of		
e Mid-year report year only-due b		h Post-election report (due by	the 30th day after the general election)	
		(2) For the state of	RECEIVED	
9 Total amount of reporte	ed contributions (total from all attach		PR 2 8 2008 100 1865.50	
<del></del>	ted expenditures (total from all attac	hed Schedules B)	DEN 10 00	
knowledge and t	of perjury, I declare that I have examine belief, it is true, correct, and complete	ed this report, including accompanying schedules		
Sign Here	Jame Orde		4/14/08	
Signature	e of authorized official		Date	
For Panonwork Reduction	on Act Notice, see separate instru	untions		

(Furm 8872 (7-2000)) Schedule A Schedule A page 1 of **Itemized Contributions** California Statewide Law Enforcement Association Employer identification number Name of organization 1M Governors Fund Name of contributor's employer Contributor's name, mailing address and ZIP code Amount of contributions reported for this period California Statewide Law Enforcement Association Contributor's occupation 2029 H Street Sacramento, CA 95814 Aggregate contributions vear-to-date 126,368.00 126,368.00 Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contributions reported for this period Wells Fargo Bank 525 J Street Contributor's occupation Sacramento, CA 95814 Aggregate contributions year-to-date 150,497.50 150,497.50 Name of contributor's employer Amount of contributions Contributor's name, mailing address and ZIP code reported for this period Contributor's occupation Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contributions reported for this period Contributor's occupation Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contributions reported for this period Contributor's occupation Aggregate contributions year-to-date Amount of contributions Contributor's name, mailing address and ZIP code Name of contributor's employer reported for this period Contributor's occupation Aggregate contributions vear-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contributions reported for this period Contributor's occupation Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contributions reported for this period Contributor's occupation Aggregate contributions year-to-date Amount of contributions Contributor's name, mailing address and ZIP code Name of contributor's employer reported for this period Contributor's occupation

Aggregate contributions

276,865.50

year-to-date

Subtotal of contributions reported on this page only 
Enter here and also include this amount in the total on line 9 of

Form 8872

(Form 8872 (7-2000))

Schedule B Itemized Expenditures Name of organization California Statewid	e Law Enforcement Association	Schedule B page 1 of 1 Employer identification numbe
1M Governors Fund		Employer identification numbe
Recipient's name, mailing address and ZIP code California Democratic Party 1005 12th Street, Suite H Sacramento, CA 95814	Name of recipient's employer	Amount of each expenditure reported for this period
oderamento, en 33011	Recipient's occupation	
		50,000 00
Recipient's name, mailing address and ZIP code California Statewide Law Enforcement Association	Name of recipient's employer	Amount of each expenditure reported for this period
2029 H Street Sacramento, CA 95811	Recipient's occupation	500,000.00
Recipient's name, mailing address and ZIP code Wayne Ordos, Attorney at Law 1415 L Street, Suite 410	Name of recipient's employer	Amount of each expenditure reported for this period
Sacramento, CA 95814	Recipient's occupation	
		22,500.00
Recipient's name, mailing address and ZIP code Donald Novey 2640 Plumbago Court	Name of recipient's employer	Amount of each expenditure reported for this period
Rocklin, CA 95677	Recipient's occupation	
		43,000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
Subtotal of expenditures reported on this page only Er	nter here and also include this amount in the total on line 10	O of