

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/14/2014	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALIFORNIA FORM 496</div> For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 5	City Clerk's Office OCT 16 2014 RECEIVED	
STREET ADDRESS 1313 N. Milpitas Blvd., Suite 161		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT

Reason for Amendment: _____

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CALIFORNIA FORM 496

I.D. NUMBER (if applicable)

1287053

NAME OF FILER
Milpitas Police Officers Association PAC

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/14/2014	Yes For Milpitas 400 Capitol Mall STE 1545 Sacramento, Ca 95814 FPPC ID # 1370113	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		25,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**
 IND -- Individual
 COM -- Recipient Committee (other than PTY or SCC)
 OTH -- Other (e.g., business entity)
 PTY -- Political Party
 SCC -- Small Contributor Committee

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AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 6		
STREET ADDRESS 1313 N. Milpitas Blvd., Suite 161		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages 3	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marsha Grilli				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/16/14	Advertisers Mailing Services 1725 De La Cruz Blvd., #6 Santa Clara, Ca 95050	\$3,908.29

Reason for Amendment: _____

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STREET ADDRESS 1313 N. Milpitas Blvd., Suite 161		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Richard Tran				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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**CALIFORNIA
FORM 496**

NAME OF FILER

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I.D. NUMBER (if applicable)

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		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
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