

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Milpitas Police Officer Association PAC		<b>Date of This Filing</b> 09/06/16	Date Stamp  City Clerk's Office  SEP 6 2016  RECEIVED	<b>CALIFORNIA FORM 496</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 408-318-7610	<b>I.D. NUMBER (if applicable)</b> 1287053	<b>Report No.</b> 2		
<b>STREET ADDRESS</b> P.O. Box 360029		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Milpitas	<b>STATE</b> Ca	<b>ZIP CODE</b> 95035		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Debbie Indihar Giordano				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> Milpitas City Mayor	<b>DISTRICT NO.</b>	<b>SUPPORT</b> <input checked="" type="checkbox"/>	<b>OPPOSE</b> <input type="checkbox"/>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/06/16	Budget Watchdogs Newsletter (Mailers/Advertisers) 1954 W. Carson St., Suite B Torrance, Ca 90501	\$822.00
09/06/16	California Voter Guide ( Mailers/Advertisers) 1954 W. Carson St., Suite B Torrance, Ca 90501	\$177.00
09/06/16	CALSAL Voter Guide (Mailers/ Advertisers) 1954 W. Carson St., Suite B Torrance, Ca 90501	\$329.00
09/06/16	Election Digest ( Mailers/Advertisers) 1954 W. Carson St., Suite B Torrance, Ca 90501	\$591.00

Reason for Amendment: \_\_\_\_\_

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CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages _____	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Gwan Alisantosa				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Bob Nunez				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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# 496 Independent Expenditure Report

**CALIFORNIA FORM 496**

**NAME OF FILER**

Milpitas Police Officers Association PAC

I.D. NUMBER (if applicable)

1287053

### 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
		<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 _____%
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\*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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<b>NAME OF FILER</b> Milpitas Police Officer Association PAC		<b>Date of This Filing</b> 08/30/16	Date Stamp  <b>City Clerk's Office</b>  AUG 30 2016  <b>RECEIVED</b>	<b>CALIFORNIA FORM 496</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 408-318-7610	<b>I.D. NUMBER (if applicable)</b> 1287053	<b>Report No.</b> 1		
<b>STREET ADDRESS</b> P.O. Box 360029		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Milpitas	<b>STATE</b> Ca	<b>ZIP CODE</b> 95035		

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<b>OFFICE SOUGHT OR HELD</b> Milpitas City Council	<b>DISTRICT NO.</b>	<b>SUPPORT</b> <input checked="" type="checkbox"/>	<b>OPPOSE</b> <input type="checkbox"/>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b> <input type="checkbox"/>	<b>OPPOSE</b> <input type="checkbox"/>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
08/30/16	Cops Voter Guide (Mailers/Advertisers) 705-2 E. Bidwell St. #370 Folsom, Ca 95630	\$602.00

Reason for Amendment: \_\_\_\_\_

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