

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Milpitas police Officers Association PAC</b>		Date of This Filing <b>09/21/16</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>408-318-7610</b>	I.D. NUMBER (if applicable) <b>1287053</b>	Report No. _____	<b>City Clerk's Office</b> <b>SEP 21 2016</b> <b>RECEIVED</b>	
STREET ADDRESS <b>P.O. Box</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Milpitas</b>	STATE <b>Ca</b>	ZIP CODE <b>95035</b>	No. of Pages <b>2</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/20/16	Boyd Smith 301 Coleridge Avenue Palo Alto, Ca 94301 650-858-4915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor (WSJ Properties)	<b>\$1,000.00</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

**\*\*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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Milpitas police Officers Association PAC			<b>Date of This Filing</b> 09/21/16	Date Stamp	<b>CALIFORNIA FORM 497</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> _____		
<b>STREET ADDRESS</b> P.O. Box			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
<b>CITY</b> Milpitas	<b>STATE</b> Ca	<b>ZIP CODE</b> 95035	<b>No. of Pages</b> 2		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Milpitas Police Officer Association PAC</b>			Date of This Filing <b>9/15/16</b>	Date Stamp City Clerk's Office SEP 19 2016 <b>RECEIVED</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>408-318-7610</b>	I.D. NUMBER (if applicable) <b>1287053</b>		Report No. _____		
STREET ADDRESS <b>P.O. Box 360029</b>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Milpitas</b>	STATE <b>Ca</b>	ZIP CODE <b>95035</b>	No. of Pages <b>2</b>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/15/16	Garden City Sanitation 1080 Walsh Ave. Santa Clara, Ca 95050	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$5,000.00</b>  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% Provide interest rate

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

**\*\*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

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Milpitas Police Officer Association PAC			<b>Date of This Filing</b> 9/15/16	Date Stamp	<b>CALIFORNIA FORM 497</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> _____		
<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	<b>No. of Pages</b> 2		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

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