

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 11/04/16	Date Stamp City Clerk's Office NOV - 4 2016 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 9		
STREET ADDRESS P.O Box 360029		<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 Debbie Indihar Giordano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Mayor	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
11/03/16	AMS (advertisements) 1725 De La Cruz Blvd, Suite 6 Santa Clara, Ca 95050	\$1,200.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 11/04/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 9		
STREET ADDRESS P.O Box 360029		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
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 Gwan Alisantosa				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
11/03/16	AMS (advertisements) 1725 De La Cruz Blvd, Suite 6 Santa Clara, Ca 95050	\$1,200.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC			Date of This Filing <u>11/04/16</u>	Date Stamp <div style="text-align: center; border: 1px solid black; padding: 5px;"> CALIFORNIA FORM 496 For Official Use Only </div>
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053		Report No. <u>9</u>	
STREET ADDRESS P.O Box 360029			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages <u>3</u>	

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 <div style="text-align: center;">X</div>	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/03/16	AMS (advertisements) 1725 De La Cruz Blvd, Suite 6 Santa Clara, Ca 95050	\$1,200.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing <u>11/03/16</u>	Date Stamp NOV - 3 2016	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. <u>8</u>	City Clerk's Office RECEIVED	
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages <u>3</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Debbie Indihar Giordano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Mayor	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
11/02/16	Diamond Quality Printing 1465 Monterey Rd San Jose, Ca 95110	\$941.38
11/02/16	Computerized Political Services, INC 2163 Laddie Ct. San Jose, Ca 95121	\$110.68

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing <u>11/03/16</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. <u>8</u>		
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages <u>3</u>	

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 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
11/02/16	Diamond Quality Printing 1465 Monterey Rd San Jose, Ca 95110	\$941.00
11/02/16	Computerized Political Services, INC 2163 Laddie Ct. San Jose, Ca 95121	\$110.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC			Date of This Filing <u>11/03/16</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053		Report No. <u>8</u>		
STREET ADDRESS P.O. Box 360029			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages <u>3</u>		

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 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
11/02/16	Diamond Quality Printing 1465 Monterey Rd San Jose, Ca 95110	\$941.00
11/02/16	Computerized Political Services, INC 2163 Laddie Ct. San Jose, Ca 95121	\$110.00

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC			Date of This Filing 11/03/16	Date Stamp City Clerk's Office NOV - 3 2016 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 8			
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages 2		

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
11/02/16	Imperial Freight Systems Inc. P.O. Box 730057 San Jose, Ca 95173	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/16	Hothi Freightlines 248 S Hillview Dr. Milpitas, Ca 95035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/16	Mahipal Singh 1618 Calera Creek Heights Dr. Milpitas Ca, 95035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00 <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.

NAME OF FILER Milpitas Police Officers Association PAC			Date of This Filing 11/03/16	Date Stamp <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 8		
STREET ADDRESS P.O. Box 360029				
CITY Milpitas	STATE Ca	ZIP CODE 95035	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 2

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
11/02/16	Jaswant Hothi 2548 Glen Dundee Way San Jose, Ca 95148	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/16	Bachitter S Sangha 993 Cadet Pl. San Jose, Ca 95133	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/02/16	Pritpal Singh 1618 Calera Creek Heights Dr. Milpitas, Ca 95035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00 <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

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 11/2/14	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 7	City Clerk's Office NOV - 3 2016 RECEIVED	
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE ca	ZIP CODE 95035	No. of Pages _____	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Debbie Indihar Giordano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Mayor	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
11/1/14	AMS 1725 De La Cruz Blvd., Suite 6 Santa Clara, Ca 95050 (postage, flyer set-up)	\$2,043.19
11/2/14	AMS 1725 De La Cruz Blvd., Suite 6 Santa Clara, Ca 95050 (flat size - advertisements) (sort & stacking) (post office delivery)	\$3,611.50

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAE		Date of This Filing 11/2/17	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-818-7610	I.D. NUMBER (if applicable) 1287053	Report No. 7		
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages _____
CITY Milpitas,	STATE CA	ZIP CODE 95035		

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 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
11/1/16	AMS 1725 De la Cruz Blvd., Suite 6 (postage, fliers, advertisements) Santa Clara, CA 95050	\$ 2,043.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 4/2/14	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7410	I.D. NUMBER (if applicable) 1287053	Report No. 7		
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages _____	

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 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
11/1/14	AMS 1725 De La Cruz Blvd, Suite 4 Santa Clara, CA 95050 (postage, files, advertisements)	\$ 2,043.00

Reason for Amendment: _____

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
City Clerk's Office
OCT 27 2016
RECEIVED

CALIFORNIA FORM 460
Page 1 of 2
For Official Use Only

Statement covers period
from 9/25/16
through 10/22/16

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)
1275 N. Milpitas Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408-318-7410

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elsa C. Buchanok

MAILING ADDRESS
1275 N. Milpitas Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408-318-7410

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/27/16
Date

By Elsa C. Buchanok
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>7</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Milpitas Police Officers Association PAC

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1275 N. Milpitas Blvd. Milpitas Ca 95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>7</u>
	I.D. NUMBER <u>1287053</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0.0</u>	\$ <u>23,200.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>0.0</u>	\$ <u>0.0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0.0</u>	\$ <u>23,200.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0.0</u>	\$ <u>0.0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0.0</u>	\$ <u>23,200.00</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>10,649.45</u>	\$ <u>16,706.45</u>
7. Loans Made Schedule H, Line 3	\$ <u>0.0</u>	\$ <u>0.0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>10,649.45</u>	\$ <u>16,706.45</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0.0</u>	\$ <u>0.0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0.0</u>	\$ <u>0.0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>10,649.45</u>	\$ <u>16,706.45</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>49,941.61</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0.0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0.0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>10,649.45</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>39,292.16</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.0</u>
---	---------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.0</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>
I.D. NUMBER <u>1287053</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0.0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 0.0

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>9/25/14</u> through <u>10/22/14</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER

1287053

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/7/14	Carmen Montano Milpitas City Mayor	<input type="checkbox"/> Monetary Contribution	Mailers/ Advertisements	\$ 3,218.18	\$ 3,218.18	
		<input type="checkbox"/> Nonmonetary Contribution				
		<input checked="" type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
10/7/14	Jennifer Strobus Milpitas City Council	<input type="checkbox"/> Monetary Contribution	Mailers/ Advertisements	\$ 3,218.18	\$ 3,218.18	
		<input type="checkbox"/> Nonmonetary Contribution				
		<input checked="" type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
10/4/14	Debbie Indihar Giordano Milpitas City Mayor	<input type="checkbox"/> Monetary Contribution	Mailers/ Advertisements	\$ 3,519.15	\$ 5,438.15	
		<input type="checkbox"/> Nonmonetary Contribution				
		<input checked="" type="checkbox"/> Independent Expenditure				
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$ 9,955.51						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 10,557.45
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 92.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ 10,649.45

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>9/25/14</u> through <u>10/22/14</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>7</u>	

NAME OF FILER <u>Milpitas Police Officers Association PAC</u>	I.D. NUMBER <u>1287053</u>
--	-------------------------------

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/14	Guan Alisantosa Milpitas City Council <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailers/Advertisements	\$300.97	\$2,219.97	
10/21/14	Bob Nunez Milpitas City Council <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailers/Advertisements	\$300.97	\$2,219.97	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$ 601.94

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>7</u>	I.D. NUMBER <u>1287053</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Advertisers Mailing Services 1725 De La Cruz Blvd., Suite 4 Santa Clara, CA 95050</u>	<u>LIT</u>		<u>\$ 9,454.54</u>
<u>CSS Direct 3707 N. 200th St. Elkhorn, NE 68022-2922</u>	<u>LIT</u>		<u>\$ 902.91</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 10,557.45

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>10,557.45</u>
2. Unitemized payments made this period of under \$100	\$	<u>92.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>10,649.45</u>

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/23/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 6	City Clerk's Office	
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCT 25 2016	
CITY Milpitas	STATE CA	ZIP CODE 95035	RECEIVED	
		No. of Pages 3		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Debbie Indihar Giordano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Mayor	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
10/23/16	CERC 2170 Fourth Avenue San Diego, Ca 92101 (Polling ; Registered voter list)	\$ 2,167.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/23/16	Date Stamp	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 6	For Official Use Only	
STREET ADDRESS P.O. Box 366029		<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 Gwan Alisantosa				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
10/23/16	CEPC 2170 Fourth Avenue San Diego, CA 92101 (polling; Registered voter list)	\$ 2,147.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/23/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. _____		
STREET ADDRESS P.O. Box 340029		<input type="checkbox"/> Amendment to Report No. 4 (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 Bob Nunez				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
10/23/16	CERC 2170 Fourth Avenue San Diego, CA 92101 <i>(calling; registered voter list)</i>	\$ 2,166.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/25/14	Date Stamp OCT 25 2016	CALIFORNIA FORM 496 For Official Use Only RECEIVED City Clerk's Office
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287653	Report No. 7		
STREET ADDRESS P.O. Box 340029		<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 Bob Nunez				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
10/25/14	Diamond Quality Printing (Markers/Advertisers) 1465 Monterey Rd San Jose, Ca 95100	\$ 1,747.68

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/25/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 7		
STREET ADDRESS P.O. Box 360029		<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 Ewan Alisantosa				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
10/25/16	Diamond Quality Printing (Markers/Advertisers) 1405 Monterey Rd San Jose, Ca 95110	\$ 1,747.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/25/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 7		
STREET ADDRESS P.O. BOX 360029		<input type="checkbox"/> Amendment to Report No. 8		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 3 <small>(explain below)</small>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Debbie Indihar Giordano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Mayor	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
10/25/16	Diamond Quality Printing (Markers Advertisers) 1445 Monterey Rd San Jose, CA 95110	\$1,747.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC			Date of This Filing 10/10/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053		Report No. 6	City Clerk's Office OCT 10 2016 RECEIVED	
STREET ADDRESS P.O. Box 360029			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages 2		

1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/16	Advertisers Mailing Services 1725 De La Cruz Blvd., Suite 6 Santa Clara, Ca 95050	\$3,218.18

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC			Date of This Filing 10/10/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053		Report No. 6	City Clerk's Office OCT 10 2016 RECEIVED	
STREET ADDRESS P.O. Box 360029			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages 2		

1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/16	Advertisers Mailing Services 1725 De La Cruz Blvd., Suite 6 Santa Clara, Ca 95050	\$3,218.18

Reason for Amendment: _____

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
Page <u>1</u> of <u>1</u>	
For Official Use Only	

City Clerk's Office
OCT 10 2016
RECEIVED

Statement covers period
from 07/01/16
through 09/24/16

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)
1275 N. Milpitas Blvd.

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-318-7610</u>
-------------------------	--------------------	--------------------------	--

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elsa C. Buchanok

MAILING ADDRESS
1275 N. Milpitas Blvd.

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>94550</u>	AREA CODE/PHONE <u>408-318-7610</u>
-------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/7/16
Date

By Elsa C Buchanok
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Milpitas Police Officers Association PAC

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1275 N. Milpitas Blvd. Milpitas Ca 95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/16 through 09/24/16	CALIFORNIA FORM 460
Page 3 of 7	
I.D. NUMBER 1287053	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 6,000.00	\$ 23,200.00
2. Loans Received Schedule B, Line 3	\$ 0.0	\$ 0.0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 6,000.00	\$ 23,200.00
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0.0	\$ 0.0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6,000.00	\$ 23,200.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 5,757.00	\$ 6,057.00
7. Loans Made Schedule H, Line 3	\$ 0.0	\$ 0.0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,757.00	\$ 6,057.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0.0	\$ 0.0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0.0	\$ 0.0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 5,757.00	\$ 6,057.00

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 49,698.61
13. Cash Receipts Column A, Line 3 above	\$ 6,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0.0
15. Cash Payments Column A, Line 8 above	\$ 5,757.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 49,941.61

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.0
---	--------

Cash Equivalents and Outstanding Debts	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents See instructions on reverse	\$ 0.0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.0

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/16</u> through <u>09/24/16</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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		\$5,000.00	\$5,000.00	
09/20/16	Boyd Smith 301 Coleridge Ave. Palo Alto, Ca 94301	<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)	\$1,000.00	\$1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				6,000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>6,000.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>0.0</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>6,000.00</u>

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from 07/01/16 through 09/24/16	CALIFORNIA FORM 460
Page 5 of 7	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/06/16	Debbie Indihar Giordano For Milpitas City Mayor	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailers/Advertisements	\$1,919.00	\$1,919.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/06/16	Gwan Alisantosa For Milpitas City Council	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailers/Advertisements	\$1,919.00	\$1,919.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/06/16	Bob Nunez For Milpitas City Council	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailers/Advertisements	\$1,919.00	\$1,919.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				5,757.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$	5,757.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$	0.0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL.. \$	5,757.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/16 through 09/24/16		CALIFORNIA FORM 460
NAME OF FILER Milpitas Police Officers Association PAC		I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs Newsletter 1954 W. Carson St., Suite B Torrance, Ca 950501	LIT	Mailers / Advertisers	\$2,466.00
California Voter Guide 1954 W. Carson St., Suite B Torrance, Ca 950501	LIT	Mailers / Advertisers	\$531.00
CALSAL Voter Guide 1954 W. Carson St., Suite B Torrance, Ca 950501	LIT	Mailers / Advertisers	\$987.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3, 984.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,757.00
2. Unitemized payments made this period of under \$100	\$ 0.0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5,757.00

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/16	
through	09/24/16	Page <u>7</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Milpitas Police Officers Association PAC		1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Election Digest 1954 W. Carson St., Suite B Torrance, Ca 950501	LIT	Mailer / Advertisers	\$1,773.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,773.00

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/05/16	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 5	City Clerk's Office OCT - 5 2016 RECEIVED	
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	No. of Pages 21	
CITY Milpitas	STATE Ca	ZIP CODE 95035		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Debbie Indihar Giordano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Mayor	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
10/04/16	Advertisers Mailing Services (Mailers, postage, Inkjet address impression, sort and sack ect.) 1725 De La Cruz Blvd., Suite 6 Santa Clara, Ca 95050	\$3,218.18

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

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

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)	\$1,000.00 <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.

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

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 Milpitas Police Officer Association PAC			Date of This Filing 9/15/16	Date Stamp SEP 19 2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053		Report No. _____	<div style="font-size: 2em; opacity: 0.5;">City Clerk's Office</div> <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div>	
STREET ADDRESS P.O. Box 360029			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages 2		

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		\$5,000.00 <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.

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

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officer Association PAC		Date of This Filing 09/06/16	Date Stamp City Clerk's Office SEP 6 2016 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 2		
STREET ADDRESS P.O. Box 360029		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages 4	

1. List Only One Candidate or Ballot Measure

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

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: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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

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: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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

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"/>

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: _____

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 _____%
		<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

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officer Association PAC		Date of This Filing 08/30/16	Date Stamp City Clerk's Office AUG 30 2016 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. 1		
STREET ADDRESS P.O. Box 360029		<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 Debbie Indihar Giordano				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"/>

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: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officer Association PAC			Date of This Filing <u>08/30/16</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053	Report No. <u>1</u>			
STREET ADDRESS P.O. Box 360029			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages <u>4</u>		

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 ✕	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Milpitas Police Officer Association PAC			Date of This Filing <u>08/30/16</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-318-7610	I.D. NUMBER (if applicable) 1287053		Report No. <u>1</u>		
STREET ADDRESS P.O. Box 360029			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE Ca	ZIP CODE 95035	No. of Pages <u>4</u>		

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

Reason for Amendment: _____

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 _____%
		<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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 29 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>26</u> For Official Use Only

Statement covers period
 from 01/01/2016
 through 06/30/2016

Date of election if applicable:
 (Month, Day, Year)
N/A

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)
1275 N. Milpitas Blvd.

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-318-7610</u>
-------------------------	--------------------	--------------------------	--

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elsa C Buchanok

MAILING ADDRESS
1275 N. Milpitas Blvd.

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-318-7610</u>
-------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 07/20/2016
 Date

By Elsa C. Buchanok
 Signature of Treasurer or Assistant Treasurer

Executed on _____
 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 24

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Milpitas Police Association PAC

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1275 N. Milpitas Blvd. Milpitas Ca 95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 01/01/2016 through 06/30/2016	CALIFORNIA FORM 460
Page 3 of 26	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 17,200.00	\$ 17,200.00
2. Loans Received Schedule B, Line 3	0.0	0.0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 17,200.00	\$ 17,200.00
4. Nonmonetary Contributions Schedule C, Line 3	0.0	0.0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 17,200.00	\$ 17,200.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 300.00	\$ 300.00
7. Loans Made Schedule H, Line 3	0.0	0.0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 300.00	\$ 300.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.0	0.0
10. Nonmonetary Adjustment Schedule C, Line 3	0.0	0.0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 300.00	\$ 300.00

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 32,697.55
13. Cash Receipts Column A, Line 3 above	17,200.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	101.06
15. Cash Payments Column A, Line 8 above	300.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 49,698.61

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.0
---	--------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from 01/01/2016 through 06/30/2016	CALIFORNIA FORM 460
	Page 4 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Justin Pankratz 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Christopher Salazar 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Maximino Nobida 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Joseph Minton 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Eric Emmanuele 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	

SUBTOTAL \$ 860.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 17,200.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 0.0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 17,200.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Henry Kwong 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Mark Doyle 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Scott Kim 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Derek Yamamura 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Huy Tran 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Paul Fong 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	John Torrez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Aurelio Armas 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Kevin Moscuzza 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Raj Maharaj 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Trishell Young-Orth 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Corey Lee 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Sean Heneghan 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Gene Smith 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Christopher Nicholas 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>26</u>
NAME OF FILER Milpitas Police Officers Association PAC	
I.D. NUMBER 1287053	

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Timothy Campbell 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Jared Hernandez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Arron French 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Lap La 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	David Morris 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>24</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	John Muok 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Victor Robledo 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Gene Lee 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Johnny Slater 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Bryan Hinkley 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Abbie Serrano 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Frank Morales 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Frank Herbert 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Stephen Parodi 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Ed Gallardo 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u>	CALIFORNIA FORM 460
through <u>06/30/2016</u>	
Page <u>11</u> of <u>26</u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Joe Heylen 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Jason Speckenheuer 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Craig Solis 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Daren Vuong 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Mohammed Ali 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>20</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Matthew Miller 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Waqar Qureshi 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Jason Doll 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Joshua Wells 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Tara James 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	

SUBTOTAL \$ 860.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Reuben Lopez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Kevin Jackson 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Steven Fox 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Duong Nguyen 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Kita Inthasack 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Brad Smith 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Casey Lewis 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Kyle Sanchez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Alex Prince 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Denise Jimenez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Kenneth Le 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Christina Yanez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Tyler Jamison 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Peter Huang 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Peter Tachis 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Mattison Madnick 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Ryon Lawson 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	John Lam 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Mostafa Asefi 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Jeffrey Liang 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Brian Thanh 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Melissa Pizzo 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Corey Fernandez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Jaskirat Singh 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Tara Mansky 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Johnathan Nichols 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Arash Motedaeiny 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Isaac Sui 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Karoly Toth 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Devin Pedranti 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>19</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Beau Riley 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Michelle Sanchez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Eric Bernardo 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Nathan Brasil 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
04/19/16	Daniel Sevilla 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>20</u> of <u>26</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Deborah Souza 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Property Clerk Milpitas Police	172.00	172.00	
04/19/16	Wanda George 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Records Clerk Milpitas Police	172.00	172.00	
04/19/16	Laura Edge 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Records Clerk Milpitas Police	172.00	172.00	
04/19/16	Jennifer Napolitan 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Records Clerk Milpitas Police	172.00	172.00	
04/19/16	Melissa Mugford 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Records Clerk Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u>	CALIFORNIA FORM 460
through <u>06/30/2016</u>	
Page <u>29</u> of <u>26</u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Veronica Bejines 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Executive Assitant Milpitas Police	172.00	172.00	
04/19/16	Tirzah Cedillo 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Records Milpitas Police	172.00	172.00	
04/19/16	Amanda Gomez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Property Clerk Milpitas Police	172.00	172.00	
04/19/16	Shannon Barker 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Kimberley Hagen 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	

SUBTOTAL \$ 860.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>22</u> of <u>26</u>
NAME OF FILER Milpitas Police Officers Association PAC	
I.D. NUMBER 1287053	

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Humberto Vega 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Elsa Buchanok 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Temple Troy 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Laura Sonora 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Denise Gonzalez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>23</u> of <u>24</u>
NAME OF FILER Milpitas Police Officers Association PAC	
I.D. NUMBER 1287053	

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/19/16	Lena Sillas 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Robert Gaudinez 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	James King 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Belen Anaya 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
04/19/16	Samantha Kraft 1275 N. Milpitas Blvd. Milpitas, Ca 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Dispatcher Milpitas Police	172.00	172.00	
SUBTOTAL \$				860.00		

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	SCHEDULED CALIFORNIA FORM 460
Page <u>24</u> of <u>24</u>	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/16	Mike Honda for Congress 2050 Gateway Place, Suite 100, PMB 218 San Jose, Ca 95110 FPPC# C00351379	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$					250.00	

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 250.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0.0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ 250.00

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	06/30/2016	Page <u>25</u> of <u>26</u>
NAME OF FILER		I.D. NUMBER
Milpitas Police Officers Association PAC		1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State Political Reform Division 1500 11th St,Rm 495 Sacramento, Ca 95814		Statement of Organization Recipient Committee yearly registration fee	50.00
Mike Honda for Congress 2050 Gateway Place, Suite 100, PMB 218 San Jose, Ca 95110 FPPC#C00351379	CVC		250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 300.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	300.00
2. Unitemized payments made this period of under \$100	\$	0.0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	300.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>24</u> of <u>26</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER

1287053

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/02/16	Milpitas Police Officers Association PAC 1275 N. Milpitas Blvd. Milpitas, Ca 95035 I.D. # 1287053	Closed PAC Savings account and transferred the funds to the checking (only account)	101.06

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 101.06

Schedule I Summary

1. Itemized increases to cash this period.	\$	101.06
2. Unitemized increases to cash of under \$100 this period.	\$	0.0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	101.06

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JAN 28 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	Date of election if applicable: (Month, Day, Year) <u>N/A</u>
--	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)
1275 N. Milpitas Blvd.

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-497-1085</u>
-------------------------	--------------------	--------------------------	--

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elsa C Buchanok

MAILING ADDRESS
1275 N. Milpitas Blvd.

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-318-7610</u>
-------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 01/25/2016
Date

By Elsa C. Buchanok
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Milpitas Police Association PAC

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1275 N. Milpitas Blvd.	Milpitas	Ca	95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 07/01/2015	CALIFORNIA FORM 460
through 12/31/2015	
Page 3 of 5	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0.0	\$ 1,624.00
2. Loans Received Schedule B, Line 3	\$ 0.0	\$ 0.0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.0	\$ 1,624.00
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0.0	\$ 0.0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.0	\$ 1,624.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 0.0	\$ 50.0
7. Loans Made Schedule H, Line 3	\$ 0.0	\$ 0.0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.0	\$ 50.0
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0.0	\$ 0.0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0.0	\$ 0.0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0.0	\$ 50.0

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 32,697.55
13. Cash Receipts Column A, Line 3 above	\$ 0.0
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0.0
15. Cash Payments Column A, Line 8 above	\$ 0.0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 32,697.55
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.0

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 07/01/2015
through 12/31/2015

CALIFORNIA FORM 460
Page 4 of 5
I.D. NUMBER
1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0.0

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0.0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 0.0

***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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>5</u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0.0

*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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JAN 30 2015 RECEIVED	CALIFORNIA 2001/02 FORM 460
	Page <u>1</u> of <u>2</u> For Official Use Only

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	Date of election if applicable: (Month, Day, Year) _____
--	--

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)
1313 N. Milpitas Blvd., Suite 161

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-890-1476</u>
-------------------------	--------------------	--------------------------	--

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elsa C. Buchanok

MAILING ADDRESS
1313 N. Milpitas Blvd., Suite 161

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-890-1476</u>
-------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY
Jennifer Napolitan

MAILING ADDRESS
1313 N. Milpitas Blvd., Suite 161

CITY <u>Milpitas</u>	STATE <u>Ca</u>	ZIP CODE <u>95035</u>	AREA CODE/PHONE <u>408-890-1476</u>
-------------------------	--------------------	--------------------------	--

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/30/15
Date

By Elsa C. Buchanok
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Milpitas Police Officers Association PAC				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
1313 N. Milpitas Blvd., Suite 161	Milpitas	Ca	95035	

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 10/19/14 through 12/31/14	CALIFORNIA FORM 460
	Page 3 of 8
	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

	Column A		Column B	
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions Schedule A, Line 3	\$	5,000.00	\$	51,819.00
2. Loans Received Schedule B, Line 3		0.0		0.0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5,000.00	\$	51,819.00
4. Nonmonetary Contributions Schedule C, Line 3		0.0		0.0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.0	\$	51,819.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A		Column B	
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTAL TO DATE	
6. Payments Made Schedule E, Line 4	\$	33,121.50	\$	53,159.65
7. Loans Made Schedule H, Line 3		0.0		0.0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	33,121.50	\$	53,159.65
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.0		0.0
10. Nonmonetary Adjustment Schedule C, Line 3		0.0		0.0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	33,121.50	\$	53,159.65

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 59,245.05
13. Cash Receipts Column A, Line 3 above	5,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.0
15. Cash Payments Column A, Line 8 above	33,121.50
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 31,123.55
<i>If this is a termination statement, Line 16 must be zero.</i>	

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.0
---	--------

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents See instructions on reverse	\$ 0.0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.0

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 10/19/14
through 12/31/14

**CALIFORNIA
FORM 460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/14	Republic Services Inc. c/o Allied Waste Services 18500 N. Allied Wy Phoenix, AZ 85054	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		5,000.00	5,000.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 5,000.00

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5,000.00
- Amount received this period – unitemized contributions of less than \$100 \$ 0.0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5,000.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>8</u>	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/14	PMJ Creative 5022 Hackomiller Rd. Garden Valley, Ca 95633 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		8,333.32	8,333.32	
10/22/14	PMJ Creative 5022 Hackomiller Rd. Garden Valley, Ca 95633 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		16,666.63	24,999.95	
10/19/14	Autumn Press 945 Camelia St. Berkeley, Ca 94710 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		4,221.55		
SUBTOTAL \$				29,221.50		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	33,121.50
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$	33,121.50

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>8</u>
I.D. NUMBER 1287053	

NAME OF FILER
Milpitas Police Officers Association PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/05/14	DKH Studios 660 S. 12th St. San Jose, Ca 95112	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		1,400.00	1,400.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/04/14	Xanthus Strategies 111 Paulanella Pl. San Ramon, Ca 94583	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		2,500.00	2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 3,900.00

**Schedule E
Payments Made**

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

Statement covers period from 10/19/14 through 12/31/14	CALIFORNIA FORM 460
	Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER

1287053

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PMJ Creative 5022 Hackomiller Rd. Garden Valley, Ca 95633	LIT		8,333.32
PMJ Creative 5022 Hackomiller Rd. Garden Valley, Ca 95633	LIT		16,666.63
Autumn Press 945 Camelia St. Berkeley, Ca 94710	LIT		4,221.55

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 29,221.50

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	33,121.50
2. Unitemized payments made this period of under \$100	\$	0.0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	33,121.50

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	10/19/14	
through	12/31/14	Page <u>8</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DKH Studios 660 S. 12th St. San Jose, Ca 95112	LIT			1,400.00
Xanthus Strategies 111 Paulanella Pl. San Ramon, Ca 94583	LIT			2,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3,900.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp OCT 23 2014	CALIFORNIA FORM 460
	Page <u>1</u> of <u>9</u>
	For Official Use Only

Statement covers period from <u>10/01/14</u> through <u>10/18/14</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/14</u>
--	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>Ca</u>	<u>95035</u>	<u>408-890-1476</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Elsa C Buchanok

MAILING ADDRESS

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>Ca</u>	<u>95035</u>	<u>408-890-1476</u>

NAME OF ASSISTANT TREASURER, IF ANY

Jennifer Napolitan

MAILING ADDRESS

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>Ca</u>	<u>95035</u>	<u>408-890-1476</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/23/14
Date

Executed on 10/23/14
Date

Executed on _____
Date

Executed on _____
Date

By Jennifer Napolitan
Signature of Treasurer or Assistant Treasurer

By Jennifer Napolitan
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>9</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Milpitas Police Officers Association PAC				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
1313 N. Milpitas Blvd., Suite 161	Milpitas	Ca	95035	

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 10/01/14 through 10/18/14	CALIFORNIA FORM 460
Page 3 of 9	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 25,000.00	\$ 46,819.00
2. Loans Received	Schedule B, Line 3	0.0	.0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 25,000.00	\$ 46,819.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.0	0.0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 25,000.00	\$ 46,819.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 16,488.15	\$ 20,038.15
7. Loans Made	Schedule H, Line 3	0.0	0.0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 16,488.15	\$ 20,038.15
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.0	0.0
10. Nonmonetary Adjustment	Schedule C, Line 3	0.0	0.0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 16,488.15	\$ 20,038.15

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 50,733.20
13. Cash Receipts	Column A, Line 3 above	25,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.0
15. Cash Payments	Column A, Line 8 above	16,488.15
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 59,245.05
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ 0.0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.0

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/01/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>9</u>	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/14	Yes on Measure E with major funding by Bumb & Associates Inc. & Affiliated Entities including Bay 101 (Address cont. below)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	400 Capitol Mall Ste 1545 Sacramento, Ca 95814 FPPC#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		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 25,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 25,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 25,000.00**

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period from <u>10/01/14</u>	CALIFORNIA FORM 460
through <u>10/18/14</u>	
Page <u>5</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER

1287053

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/14	Marsha Grilli For Milpitas City Council 1182 Pescadero St. Milpitas, Ca 95035 FPPC #1368387	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/02/14	Richard Tran For Milpitas City Council 540 Clauser St. Milpitas, Ca 95035 FPPC# 1371527	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/02/14	Chris Norwood For School Board 2014 1546 Mt. Shasta Ave Milpitas, Ca 95035 FPPC# 1370046	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				750.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 16,488.15
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 16,488.15

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/14	
through	10/18/14	Page <u>6</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Milpitas Police Officers Association PAC		1287053

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/14	Danny Lau For School Board 2014 646 Hamilton Ave Milpitas, Ca 95035 FPPC#1370507	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/02/14	Robert Nunez For School Board 2014 2530 Berryessa Rd #247 San Jose, Ca 95132 FPPC# 1370418	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/02/14	Voter List Pro 5055 Canyon Crest Dr. Riverside, Ca 92507	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		667.00	667.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/07/14	Matthew S. Harris For Judge 2014 5655 Silver Creek Valley Rd, Suite 130 San Jose, Ca 95138 FPPC#1364025	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	750.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,417.00		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period from <u>10/01/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>9</u>
I.D. NUMBER 1287053	

NAME OF FILER

Milpitas Police Officers Association PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/14	Advertisers Mailing Services 1725 De La Cruz Blvd., #6 Santa Clara, Ca 95050	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		10,412.86		
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/14	Advertisers Mailing Services 1725 De La Cruz Blvd., #6 Santa Clara, Ca 95050	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		3,908.29	14,321.15	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				14,321.15		

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/01/14	
through	10/18/14	Page <u>8</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Milpitas Police Officers Association PAC		1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER

1287053

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marsha Grilli For Milpitas City Council 1182 Pescadero St. Milpitas, Ca 95035 FPPC#1368387	CVC			250.00
Richard Tran For Milpitas City Council 540 Clauser St. Milpitas, Ca 95035 FPPC# 1371527	CVC			250.00
Chris Norwood For Milpitas School Board 2014 1645 Mt. Shasta Ave Milpitas, Ca 95035	CVC			250.00
				SUBTOTAL \$ 750.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	16,488.15
2. Unitemized payments made this period of under \$100	\$	0.0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	16,488.15

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	10/01/14	
through	10/18/14	Page <u>9</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Milpitas Police Officers Association PAC		1287053

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Danny Lau For School Board 2014 646 Hamilton Ave Milpitas, Ca 95035 FPPC# 1370507	CVC			250.00
Robert Nunez For School Board 2014 2530 Berryessa Rd #247 San Jose, Ca 95132 FPPC# 1370418	CVC			250.00
Voter List Pro 5055 Canyon Crest Dr. Riverside, Ca 92507	LIT			667.00
Matthew S. Harris For Judge 5655 Silver Creek Valley Rd., Suite 130 San Jose, Ca 95138 FPPC# 1364025	CVC			250.00
Advertisers Mailing Services 1725 De La Cruz Blvd., #6 Santa Clara, Ca 95050	LIT			14,321.15

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 15,738.15

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office OCT 23 2014 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>07/01/14</u> through <u>09/30/14</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/14</u>
--	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |

Amendment (Explain below)

Filling dates need to be changed to 07/1/14-09/30/14. Summary

page, Schedules D&E have also been corrected. Entire new report.

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>Ca</u>	<u>95035</u>	<u>408-890-1476</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Elsa C. Buchanok

MAILING ADDRESS

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>Ca</u>	<u>95035</u>	<u>408-890-1476</u>

NAME OF ASSISTANT TREASURER, IF ANY

Jennifer Napolitan

MAILING ADDRESS

1313 N. Milpitas Blvd., Suite 161

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>Ca</u>	<u>95035</u>	<u>408-890-1476</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/22/14
Date

By Jennifer Napolitan
Signature of Treasurer or Assistant Treasurer

Executed on 10/23/14
Date

By Jennifer Napolitan
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Milpitas Police Officers Association PAC				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
1313 N. Milpitas Blvd., Suite 161	Milpitas	Ca	95035	

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>07/01/14</u>	CALIFORNIA FORM 460
through <u>09/30/14</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1287053</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0.0</u>	\$ <u>21,819.00</u>
2. Loans Received Schedule B, Line 3	<u>0.0</u>	<u>0.0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0.0</u>	\$ <u>21,819.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.0</u>	<u>0.0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0.0</u>	\$ <u>21,819.00</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>500.00</u>	\$ <u>3,550.00</u>
7. Loans Made Schedule H, Line 3	<u>0.0</u>	<u>0.0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>500.00</u>	\$ <u>3,550.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.0</u>	<u>0.0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.0</u>	<u>0.0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>500.00</u>	\$ <u>3,550.00</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>51,233.20</u>
13. Cash Receipts Column A, Line 3 above	<u>0.0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.0</u>
15. Cash Payments Column A, Line 8 above	<u>500.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>50,733.20</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.0</u>
---	---------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 07/01/14
through 09/30/14

SCHEDULED

CALIFORNIA FORM 460

Page 4 of 5

I.D. NUMBER
1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/15/14	Dave Cortese For Mayor PO Box 51707 San Jose, Ca 95151 FPPC# 1362187	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				500.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 500.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 500.00

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/14	
through	09/30/14	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Milpitas Police Officers Association PAC		1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dave Cortese For Mayor PO Box 51707 San Jose, Ca 95151 FPPC#1362187	CVC			500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 500.00
2. Unitemized payments made this period of under \$100	\$ 0.0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 500.00

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing <u>10/21/14</u>	Date Stamp OCT 22 2014 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. <u>8</u>		
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 <u>2</u>	

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
10/20/14	Republic Services Inc. c/o Allied waste services 18500 N. Allied Way Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00 <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

****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

Reason for Amendment: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing <u>10/21/14</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1474	I.D. NUMBER (if applicable) 1287053	Report No. <u>8</u>		
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 <u>2</u>	

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: _____

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 <u>10/16/14</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only City Clerk's Office OCT 21 2014 RECEIVED
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. <u>7</u>		
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 <u>4</u>	

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	Autumn Press 945 Camelia St. Berkeley, Ca 94710	\$4,221.55

Reason for Amendment: _____

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 10/18/14	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 7		
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 _____	

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19/14	Autumn Press 945 Camelia St. Berkeley, Ca 94710	\$4,221.55

Reason for Amendment: _____

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 10/19/14	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 7		
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 _____	

1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19/14	Autumn Press 945 Camelia St. Berkeley, Ca 94710	\$4,221.55

Reason for Amendment: _____

496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

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
		<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 _____%
		<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

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Milpitas Police Officers Association PAC			Date of This Filing <u>10/15/14</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053		Report No. <u>5</u>	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	No. of Pages <u>2</u>		

1. Contribution(s) 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
10/14/2014	Yes For Milpitas 400 Capitol Mall STE 1545 Sacramento, Ca 95814 FPPC # 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 <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

****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

Reason for Amendment _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing <u>10/15/14</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. <u>5</u>		
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 <u>2</u>	

2. Contribution(s) Made

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

Reason for Amendment: _____

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	CALIFORNIA FORM 496 For Official Use Only City Clerk's Office OCT 16 2014 RECEIVED
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 5		
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 _____	

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: _____

496 Independent Expenditure Report

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

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 10/16/14	Date Stamp City Clerk's Office OCT 16 2014 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
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: _____

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 <u>10/16/14</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. <u>6</u>		
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

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: _____

496 Independent Expenditure Report

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 _____ %
		<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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <i>City Clerk's Office</i> JUL 29 2014 RECEIVED	CALIFORNIA 2001/02 FORM 460
	Page <u>1</u> of <u>103</u>
	For Official Use Only

<p style="text-align: center;">Statement covers period</p> <p>from <u>01/01/2014</u></p> <p>through <u>06/30/2014</u></p>	<p style="text-align: center;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">N/A</p>
---	--

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1287053

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)
1313 N Milpitas Blvd., Suite 161

CITY Milpitas	STATE Ca	ZIP CODE 95035	AREA CODE/PHONE 408-890-1476
-------------------------	--------------------	--------------------------	--

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elsa C. Buchanok

MAILING ADDRESS
1313 N Milpitas Blvd., Suite 161

CITY Milpitas	STATE Ca	ZIP CODE 95035	AREA CODE/PHONE 408-890-1476
-------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY
Jennifer Napolitan

MAILING ADDRESS
1313 N Milpitas Blvd., Suite 161

CITY Milpitas	STATE Ca	ZIP CODE 95035	AREA CODE/PHONE 408-890-1476
-------------------------	--------------------	--------------------------	--

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7/20/2014
Date

By *Elsa C. Buchanok*
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Milpitas Police Officers Association PAC

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1313 N. Milpitas Blvd., Suite 161	Milpitas	Ca	95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
Page 3 of _____	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Police Officers Association PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 21,819.00	\$ 21,819.00
2. Loans Received Schedule B, Line 3	0.0	0.0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 21,819.00	\$ 21,819.00
4. Nonmonetary Contributions Schedule C, Line 3	0.0	0.0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 21,819.00	\$ 21,819.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 3,050.00	\$ 3,050.00
7. Loans Made Schedule H, Line 3	0.0	0.0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3,050.00	\$ 3,050.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.0	0.0
10. Nonmonetary Adjustment Schedule C, Line 3	0.0	0.0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3,050.00	\$ 3,050.00

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 32,464.20
13. Cash Receipts Column A, Line 3 above	21,819.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.0
15. Cash Payments Column A, Line 8 above	3,050.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 51,233.20
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.0

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 01/01/2014
through 06/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/01/14	Gregory Mack 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Gregory Mack 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Gregory Mack 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Gregory Mack 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 21,819.00
2. Amount received this period – unitemized contributions of less than \$100	\$ 0.0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 21,819.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>5</u> of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Joseph Minton 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Joseph Minton 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Joseph Minton 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Joseph Minton 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u> </u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Sandra Holliday 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Sandra Holliday 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Sandra Holliday 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Sandra Holliday 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>7</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Steve Pangelinan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Steve Pangelinan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Steve Pangelinan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Steve Pangelinan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>8</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Deborah Souza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Property Clerk Milpitas Police	53.00	53.00	
02/27/14	Deborah Souza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Property Clerk Milpitas Police	53.00	106.00	
03/18/14	Deborah Souza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Property Clerk Milpitas Police	53.00	159.00	
04/30/14	Deborah Souza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Property Clerk Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 212.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>9</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Sean Heneghan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Sean Heneghan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Sean Heneghan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Sean Heneghan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>10</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Justin Pankratz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Justin Pankratz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Justin Pankratz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Justin Pankratz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>11</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Eric Emmanuele 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Eric Emmanuele 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Eric Emmanuele 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Eric Emmanuele 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 12 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Charlotte Pang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Charlotte Pang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Charlotte Pang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Charlotte Pang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>13</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Christopher Salazar 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Christopher Salazar 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Christopher Salazar 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Christopher Salazar 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 14 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Maximino Nobida 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Maximino Nobida 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Maximino Nobida 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Maximino Nobida 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 15 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Wanda George 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	53.00	
02/27/14	Wanda George 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	106.00	
03/18/14	Wanda George 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	58.00	159.00	
04/30/14	Wanda George 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>16</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
01/09/14	Laura Edge 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	53.00	
02/27/14	Laura Edge 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	106.00	
03/18/14	Laura Edge 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	58.00	159.00	
04/30/14	Laura Edge 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 212.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>17</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	John Torrez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	John Torrez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	John Torrez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	159.00	
04/30/14	John Torrez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>18</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Kimberley Hagen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Kimberley Hagen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Kimberley Hagen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Kimberley Hagen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>19</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Armando Corpuz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Armando Corpuz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Armando Corpuz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Armando Corpuz 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>20</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Mark Doyle 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Mark Doyle 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Mark Doyle 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Mark Doyle 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 21 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Daryl Sequeira 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Daryl Sequeira 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Daryl Sequeira 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Daryl Sequeira 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>22</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Henry Kwong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Henry Kwong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Henry Kwong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Henry Kwong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>23</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Jennifer Napolitan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	53.00	
02/27/14	Jennifer Napolitan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	106.00	
03/18/14	Jennifer Napolitan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	159.00	
04/30/14	Jennifer Napolitan 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>24</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Shannon Cuzic 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Shannon Cuzic 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatch Milpitas Police	53.00	106.00	
03/18/14	Shannon Cuzic 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatch Milpitas Police	53.00	159.00	
04/30/14	Shannon Cuzic 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatch Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>25</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Scott Kim 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Scott Kim 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Scott Kim 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Scott Kim 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>26</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Derek Yamamura 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Derek Yamamura 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Derek Yamamura 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Derek Yamamura 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 27 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Huy Tran 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Huy Tran 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Huy Tran 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Huy Tran 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>28</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Bryan Hinkley 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Bryan Hinkley 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Bryan Hinkley 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Bryan Hinkley 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>29</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Paul Fong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Paul Fong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Paul Fong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Paul Fong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 30 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Joshua Wells 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Joshua Wells 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Joshua Wells 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Joshua Wells 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
	Page <u>31</u> of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Aurelio Armas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Aurelio Armas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Aurelio Armas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Aurelio Armas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 32 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Kevin Moscuzza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Kevin Moscuzza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Kevin Moscuzza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Kevin Moscuzza 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 33 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Raj Maharaj 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Raj Maharaj 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Raj Maharaj 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Raj Maharaj 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>34</u> of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Daniel Palmer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Daniel Palmer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Daniel Palmer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Daniel Palmer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
Page <u>35</u> of <u> </u>	I.D. NUMBER <u>1287053</u>

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Jared Hernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Jared Hernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Jared Hernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Jared Hernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>36</u> of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Trishell Young-Orth 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Trishell Young-Orth 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Trishell Young-Orth 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Trishell Young-Orth 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>37</u> of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Francisco Morales 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Francisco Morales 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Francisco Morales 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Francisco Morales 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
Page <u>38</u> of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Corey Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Corey Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Corey Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Corey Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 39 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Elsa Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Elsa Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Elsa Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Elsa Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 212.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>40</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Humberto Vega 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Humberto Vega 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Humberto Vega 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Humberto Vega 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>41</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Gene Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Gene Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Gene Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Gene Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>42</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Christopher Nicholas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Christopher Nicholas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Christopher Nicholas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Christopher Nicholas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 43 of _____

NAME OF FILER
Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Daren Vuong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Daren Vuong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Daren Vuong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Daren Vuong 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>44</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Timothy Campbell 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Timothy Campbell 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Timothy Campbell 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Timothy Campbell 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
		Page 45 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	John Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	John Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	John Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	John Buchanok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 46 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Arron French 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Arron French 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Arron French 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Arron French 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
Page <u>47</u> of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Lap La 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Lap La 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Lap La 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Lap La 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 48 of _____

NAME OF FILER
Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	David Morris 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	David Morris 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	David Morris 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	David Morris 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460
Page 49 of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	John Muok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	John Muok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	John Muok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	John Muok 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 50 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Victor Robledo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Victor Robledo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Victor Robledo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Victor Robledo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 51 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Temple Troy 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Temple Troy 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Temple Troy 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Temple Troy 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
	Page <u>52</u> of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Laura Sonora 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Laura Sonora 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Laura Sonora 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Laura Sonora 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>53</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Denise Gonzalez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Denise Gonzalez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Denise Gonzalez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Denise Gonzalez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 54 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Lena Sillas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Lena Sillas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Lena Sillas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Lena Sillas 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 212.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 55 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Robert Gaudinez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Robert Gaudinez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Robert Gaudinez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Robert Gaudinez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>56</u> of _____	

NAME OF FILER
Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	James King 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	James King 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	James King 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	James King 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>57</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Belen Schluchter 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Belen Schluchter 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Belen Schluchter 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Belen Schluchter 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 212.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
Page 58 of _____		I.D. NUMBER 1287053

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Samantha Kraft 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	53.00	
02/27/14	Samantha Kraft 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	106.00	
03/18/14	Samantha Kraft 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	159.00	
04/30/14	Samantha Kraft 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Dispatcher Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>59</u> of _____	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Carol Fusco 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	53.00	
02/27/14	Carol Fusco 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	106.00	
03/18/14	Carol Fusco 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	159.00	
04/30/14	Carol Fusco 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
		Page 60 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Melissa Mugford 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	53.00	
02/27/14	Melissa Mugford 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	106.00	
03/18/14	Melissa Mugford 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	159.00	
04/30/14	Melissa Mugford 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>61</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Cynthia Vanderhorst 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	53.00	
02/27/14	Cynthia Vanderhorst 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	106.00	
03/18/14	Cynthia Vanderhorst 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	159.00	
04/30/14	Cynthia Vanderhorst 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Records Clerk Milpitas Police	53.00	212.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				212.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 62 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Gene Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Gene Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Gene Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Gene Lee 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>63</u> of _____

NAME OF FILER
Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Abbie Serrano 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Abbie Serrano 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Abbie Serrano 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Abbie Serrano 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
Page 64 of _____		I.D. NUMBER 1287053

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Johnny Slater 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Johnny Slater 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Johnny Slater 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Johnny Slater 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Stephen Parodi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Stephen Parodi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Stephen Parodi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Stephen Parodi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
		Page 66 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Frank Herbert 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Frank Herbert 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Frank Herbert 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Frank Herbert 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
Page 67 of _____		I.D. NUMBER 1287053

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Eduardo Gallardo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Eduardo Gallardo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Eduardo Gallardo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Eduardo Gallardo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460
Page 68 of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Joseph Heylen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Joseph Heylen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Joseph Heylen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Joseph Heylen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 69 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Jason Speckenheuer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Jason Speckenheuer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Jason Speckenheuer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Jason Speckenheuer 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460
Page 70 of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Mitchell Timko 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Mitchell Timko 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Mitchell Timko 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Mitchell Timko 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 71 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Craig Solis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Craig Solis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Craig Solis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Craig Solis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460
Page 72 of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Mohammed Ali 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Mohammed Ali 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Mohammed Ali 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Mohammed Ali 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
Page <u>73</u> of _____		I.D. NUMBER <u>1287053</u>

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Matthew Miller 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Matthew Miller 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Matthew Miller 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Matthew Miller 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 74 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Waqar Qureshi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Waqar Qureshi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Waqar Qureshi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Waqar Qureshi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460
Page 75 of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Jason Doll 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Jason Doll 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Jason Doll 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Jason Doll 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 76 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Tara James 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Tara James 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Tara James 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Tara James 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>		CALIFORNIA FORM 460
Page <u>77</u> of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Alexander Prince 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Alexander Prince 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Alexander Prince 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Alexander Prince 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 78 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Kevin Jackson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Kevin Jackson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Kevin Jackson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Kevin Jackson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>79</u> of <u> </u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
01/09/14	Steven Fox 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Steven Fox 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Steven Fox 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Steven Fox 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
Page <u>80</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Duong Nguyen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Duong Nguyen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Duong Nguyen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Duong Nguyen 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
Page <u>81</u> of <u> </u>		I.D. NUMBER <u>1287053</u>

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Kita Inthasak 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Kita Inthasak 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Kita Inthasak 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Kita Inthasak 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>82</u> of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Bradley Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Bradley Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Bradley Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Bradley Smith 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
Page <u>83</u> of _____		I.D. NUMBER <u>1287053</u>

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Denise Jimenez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Denise Jimenez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Denise Jimenez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Denise Jimenez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 84 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Casey Lewis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Casey Lewis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Casey Lewis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Casey Lewis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
Page 85 of _____		I.D. NUMBER 1287053

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Francisco Sanchez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Francisco Sanchez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Francisco Sanchez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Francisco Sanchez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page <u>86</u> of <u> </u>

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Kenneth Le 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Kenneth Le 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Kenneth Le 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Kenneth Le 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
Page <u>87</u> of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Christina Yanez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Christina Yanez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Christina Yanez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Christina Yanez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460
Page 88 of _____		

NAME OF FILER
Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Tyler Jamison 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Tyler Jamison 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Tyler Jamison 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Tyler Jamison 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 89 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Peter Huang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Peter Huang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Peter Huang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Peter Huang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 90 of _____

NAME OF FILER
Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Peter Tachis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Peter Tachis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Peter Tachis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Peter Tachis 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>91</u> of _____	

NAME OF FILER
Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Mattison Madnick 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Mattison Madnick 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Mattison Madnick 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Mattison Madnick 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014		CALIFORNIA FORM 460
through 06/30/2014		
Page 92 of _____		I.D. NUMBER 1287053

NAME OF FILER
Milpitas Police Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Ryon Lawson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Ryon Lawson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Ryon Lawson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Ryon Lawson 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014		CALIFORNIA FORM 460
Page 93 of _____		

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Mostafa Asefi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Mostafa Asefi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Mostafa Asefi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Mostafa Asefi 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 94 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	John Lam 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	John lam 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	John Lam 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	John Lam 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 95 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Daniel Walker 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Daniel Walker 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Daniel Walker 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Daniel Walker 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 96 of _____

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Jeffrey Liang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Jeffrey Liang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Jeffrey Liang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Jeffrey Liang 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				232.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>97</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Corey Fernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Corey Fernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Corey Fernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Corey Fernandez 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
Page 98 of _____	I.D. NUMBER 1287053

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
---	------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/14	Tara Mansky 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
02/27/14	Tara Mansky 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
03/18/14	Tara Mansky 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	174.00	
04/30/14	Tara Mansky 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	232.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				

SUBTOTAL \$ 232.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
Page <u>99</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/27/14	Brian Thanh 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
03/18/14	Brian Thanh 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
		<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				116.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	
Page <u>100</u> of <u> </u>	

NAME OF FILER Milpitas Police Officers Association PAC	I.D. NUMBER 1287053
--	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/27/14	Melissa Pizzo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	58.00	
03/18/14	Melissa Pizzo 1313 N. Milpitas Blvd., Suite 161 Milpitas, Ca 95035	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer Milpitas Police	58.00	116.00	
		<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				116.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 101 of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ _____	0.0
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ _____	0.0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ _____	0.0

**Schedule E
Payments Made**

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

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
Page 102 of _____	I.D. NUMBER 1287053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Armando Gomez for Assembly 1487 Yosemite Dr. Milpitas , Ca 95035 PPC # 1356331	CVC		500.00
Jeff Rosen for District Attorney 6950 Almaden Expressway PMB172 San Jose, Ca 95120 PPC# 1352857	CVC		500.00
Kevin Jensen for Santa Clara County Sheriff 1769 Hillsdale Ave #24006 San Jose, Ca 95154 PPC# 1358093	CVC		500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,500.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 3,050.00
2. Unitemized payments made this period of under \$100	\$ 0.0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3,050.00

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from 01/01/2014 through 06/30/2014	CALIFORNIA FORM 460
	Page 103 of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Police Officers Association PAC

I.D. NUMBER
1287053

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stuart Scott for Judge PO Box 102 Morgan Hill, CA 95038 PPC # 1362756	CVC			500.00
Dave Cortese for Mayor PO Box 51701 San Jose, Ca 95151 PPC# 1362187	CVC			500.00
Matthew Harris for Judge 2014 5655 Silver Creek Valley Road, Suite 130 San Jose, California 95138 PPC# 1364025	CVC			500.00
Secretary of State Political Reform Division 1500 11th St, Rm 495 Sacramento, Ca 95814			Statement of Organization Recipient Committee yearly registration fee.	50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,550.00

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 10/10/14	Date Stamp City Clerk's Office OCT 14 2014 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 1		
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 _____		

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
10/08/14	Advertisers Mailing Service 1725 De La Cruz Blvd., Suite 6 Santa Clara, CA 95050 408.938.9000	10,412.86

Reason for Amendment: _____

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 10/10/14	Date Stamp OCT 14 2014 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 2		
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 _____	

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/08/14	Advertisers Mailing Service 1725 De La Cruz Blvd., Suite 6 Santa Clara, CA 95050 408.938.9000	10,412.86

Reason for Amendment: _____

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 10/10/14	Date Stamp OCT 14 2014 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. 3		
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 _____	

1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/08/14	Advertisers Mailing Service 1725 De La Cruz Blvd., Suite 6 Santa Clara, CA 95050 408.938.9000	10,412.86

Reason for Amendment: _____

496 Independent Expenditure Report

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

City Clerk's Office

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Milpitas Police Officers Association PAC		Date of This Filing 10/10/14	RECEIVED OCT 14 2014 RECEIVED	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-890-1476	I.D. NUMBER (if applicable) 1287053	Report No. <u>4</u>		
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 _____	

1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/08/14	Advertisers Mailing Service 1725 De La Cruz Blvd., Suite 6 Santa Clara, CA 95050 408.938.9000	10,412.86

Reason for Amendment: _____

496 Independent Expenditure Report

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 _____%
		<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