

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: _____

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| 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 |

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| 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 |

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City Clerk's Office

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| 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 | | |

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 |

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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