

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>04/02/13</u> through <u>07/02/13</u>	Date Stamp <b>CITY CLERK OFF</b> <b>2013 MAY 28 P 3:27</b> <b>CITY OF MONTEREY PARK</b>	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>07/02/13</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____ For Official Use Only	

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

MONTEREY PARK POLICE OFFICERS ASSOC

STREET ADDRESS (NO P.O. BOX)

320 W. NEWMARK AVE

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91707 626/307-1252

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)

## Treasurer (If recipient committee)

NAME OF TREASURER

ROBIN M. KOPEL

MAILING ADDRESS

320 W. NEWMARK AVE

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91707 626/307-1252

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

CHECK ONE

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

MEASURE FF

BALLOT NO./LETTER

JURISDICTION

CITY OF MONTEREY PARK

SUPPORT OPPOSE

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>05/08/13</u>	<u>CONCERNED CITIZENS OF MONTEREY PARK P.O. BOX 633 MONTEREY PARK CA 91707</u>	<u>DONATION</u>	<u>\$1500-</u>	<u>\$500-</u>
<u>05/28/13</u>	<u>FREEDOM PUBLIC AFFAIRS, INC 1405 MARCELINA STE 111 TOLAND, CA 90301</u>	<u>LITERATURE &amp; MARKERS</u>	<u>\$15,000</u>	<u>\$15,000</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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Page <u>2</u> of <u>2</u>	I.D. NUMBER (if recipient com.) <u>321497</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MONTEREY MARIL POLICE OFFICERS ASSOC.

## 4. Summary

- |   |                                |
|---|--------------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.)  | \$ <u>15,500-</u>              |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ _____                       |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.)           | <b>TOTAL</b> \$ <u>15,500-</u> |

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER  
Robin M. Latta

ADDRESS (NO. AND STREET)  
320 WEST NEWARK AVE

CITY STATE ZIP CODE  
MONTEREY MARIL CA 93707

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 05/28/13  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Robin M. Latta  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
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