

# 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

CALIFORNIA FORM **465**

Page 1 of 2

For Official Use Only

Report covers period from <u>05-19-13</u> through <u>06-15-13</u>	Date Stamp <b>2013 JUN 20 P 2:55</b>
Date of election if applicable (Month, Day, Year) <u>07-02-13</u>	<b>CITY CLERK OFFICE</b>  <b>CITY OF MONTEREY PARK</b>

Amendment (Explain Below)

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

## Treasurer (if recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

MONTEREY PARK POLICE OFFICERS ASSOC

Robin M. Lohr

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

320 W. NEWMARK AVE 626/307-1252

320 W. NEWMARK AVE

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91707

MONTEREY PARK CA 91707 626/307-1252

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

MEASURE FF

CITY OF MONTEREY PARK

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

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>05/20/13</u>	<u>FREEMAN PUBLIC AFFAIRS INC</u> <u>1405 MARCELINEA STE 111</u> <u>TORRANCE CA 90501</u>	<u>LITERATURE &amp; MATERIALS</u>	<u>\$15,000</u>	<u>\$15,500-</u>

# Supplemental Independent Expenditure Report

Type or print in ink.  
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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>05-29-13</u> through <u>06-15-13</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
I.D. NUMBER (if recipient com.)	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER MONTREY PARK POLICE OFFICERS ASSOC

## 4. Summary

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 15,000
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ \_\_\_\_\_
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL** \$ 15,000

## 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. LORR

ADDRESS (NO. AND STREET)  
320 W. NEWARK AVE

CITY STATE ZIP CODE  
MONTREY PARK CA 91757

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 [Signature]  
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