

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

|                                                               |                                        |                                                                           |                                                                                                                                                                                                              |                                                     |
|---------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| NAME OF FILER<br>Culver City Police Officers' Association PAC |                                        | Date of This Filing <u>10/16/2020</u>                                     | Date Stamp                                                                                                                                                                                                   | <b>CALIFORNIA FORM 496</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(916)706-2677                       | I.D. NUMBER (if applicable)<br>1429713 | Report No. <u>Wollin-6</u>                                                | <div style="border: 2px solid red; padding: 5px; text-align: center;">           E-Filed<br/>           10/16/2020<br/>           13:21:56<br/>           Filing ID:<br/>           193590250         </div> |                                                     |
| STREET ADDRESS                                                |                                        | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                                                                                                                                                                                              |                                                     |
| CITY<br>Sacramento                                            | STATE<br>CA                            | ZIP CODE<br>95814                                                         |                                                                                                                                                                                                              |                                                     |

## 1. List Only One Candidate or Ballot Measure

|                                                                   |              |              |        |                                             |              |         |        |
|-------------------------------------------------------------------|--------------|--------------|--------|---------------------------------------------|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED<br>Heather Wollin          |              |              |        | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED |              |         |        |
| OFFICE SOUGHT OR HELD<br>City Council Member: City of Culver City | DISTRICT NO. | SUPPORT<br>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   |
|------------|----------------------------------------------|----------|
| 10/15/2020 | Mailer<br>Cumulative to date total \$9254.15 | 1,431.44 |
|            |                                              |          |
|            |                                              |          |
|            |                                              |          |
|            |                                              |          |

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

\_\_\_\_\_