

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE 700N JAN 28 P 11:13 | Page <u>1</u> of <u>10</u> |
| Date of election if applicable: (Month, Day, Year) <u>Nov. 4, 2003</u> | For Official Use Only | |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94086 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (if recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94088 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|---------------------------------------|--|--|-------------------------------------|
| NAME OF CANDIDATE Melinda Hamilton | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Seat 7 | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> |
| | | | OPPOSE <input type="checkbox"/> |

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) |
|-------------|--|----------------------------|--------|---|
| 10/24-10/31 | Diversified Direct 312 Brokaw Road Santa Clara, CA 95050 | mailings | 832 | 832 |
| 10/24-10/31 | Enviroprint 944 Alba Court San Jose, CA 95127 | mailings | 844 | 844 |
| 10/24-10/31 | ImageMaster 2156H O'Toole Avenue San Jose, CA 95131 | mailings | 64 | 64 |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp <u>CITY OF SUNNYVALE, CA</u> <u>CITY CLERK'S OFFICE</u> | Page <u>2</u> of <u>10</u> |
| Date of election if applicable (Month, Day, Year) <u>Nov. 4, 2003</u> | <u>JAN 28 10 41 AM '03</u> | |

1. Committee/Filer Information

F.D. NUMBER (if recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94086 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (if recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94088 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|--|---|--|-------------------------------------|
| NAME OF CANDIDATE <u>Melinda Hamilton</u> | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Seat 7</u> | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> |
| | | | OPPOSE <input type="checkbox"/> |

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) |
|-------------|---|----------------------------|--------|---|
| 10/24-10/31 | CPS 312 Brokaw Road Santa Clara, CA 95050 | mailings | 1062 | 1062 |
| | | | | |
| | | | | |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp <u>CITY OF SUNNYVALE, CA</u> <u>CITY CLERK'S OFFICE</u> <u>JAN 28 10 30 AM '04</u> | Page <u>3</u> of <u>10</u> For Official Use Only |
| Date of election if applicable (Month, Day, Year) <u>Nov. 4, 2003</u> | | |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990921

Treasurer (if recipient committee)

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

NAME OF TREASURER

Dave Pitts

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

MAILING ADDRESS

P.O. Box 60372

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94086</u> | <u>408-736-7191</u> |

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94088</u> | <u>408-736-7191</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|--------------------------------------|---|--|-------------------------------------|
| NAME OF CANDIDATE <u>Dean Chu</u> | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Seat 4</u> | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> |
| | | | OPPOSE <input type="checkbox"/> |

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) |
|-------------|--|----------------------------|--------|---|
| 10/24-10/31 | Diversified Direct 312 Brokaw Road Santa Clara, CA 95050 | mailings | 155 | 155 |
| 10/24-10/31 | Enviroprint 944 Alba Court San Jose, CA 95127 | mailings | 741 | 741 |
| 10/24-10/31 | ImageMaster 2156H O'Toole Avenue San Jose, CA 95131 | mailings | 64 | 64 |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp <u>CITY OF SUNNYVALE, CA</u> <u>CITY CLERK'S OFFICE</u> <u>JAN 28 12 31 PM '04</u> | Page <u>4</u> of <u>10</u> For Official Use Only |
| Date of election if applicable: (Month, Day, Year) <u>Nov. 4, 2003</u> | | |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94086 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (if recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94088 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Dean Chu

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Seat 4

CHECK ONE

| | |
|-------------------------------------|--------------------------|
| SUPPORT | OPPOSE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SUPPORT | OPPOSE |
| <input type="checkbox"/> | <input type="checkbox"/> |

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

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) |
|-------------|---|----------------------------|--------|---|
| 10/24-10/31 | CPS 312 Brokaw Road Santa Clara, CA 95050 | mailings | 1062 | 1062 |
| | | | | |
| | | | | |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp <u>CITY OF SUNNYVALE, CA</u> <u>CITY CLERK'S OFFICE</u> | Page <u>5</u> of <u>10</u> |
| Date of election if applicable (Month, Day, Year) <u>Nov. 4, 2003</u> | <u>JAN 28 12 11 PM '04</u> | |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94086</u> | <u>408-736-7191</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (if recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94088</u> | <u>408-736-7191</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

| | | | | |
|---|---|--|-------------------------------------|------------------------------------|
| NAME OF CANDIDATE <u>James Fussell</u> | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Seat 5</u> | CHECK ONE | | |
| | | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> | |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

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) |
|-------------|--|----------------------------|--------|---|
| 10/24-10/31 | Diversified Direct 312 Brokaw Road Santa Clara, CA 95050 | mailings | 155 | 155 |
| 10/24-10/31 | Enviroprint 944 Alba Court San Jose, CA 95127 | mailings | 741 | 741 |
| 10/24-10/31 | ImageMaster 2156H O'Toole Avenue San Jose, CA 95131 | mailings | 64 | 64 |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp <u>CITY OF SUNNYVALE, CA</u> <u>CITY CLERK'S OFFICE</u> <u>JAN 19 2004</u> | Page <u>6</u> of <u>10</u> For Official Use Only |
| Date of election if applicable: (Month, Day, Year) <u>Nov. 4, 2003</u> | | |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94086</u> | <u>408-736-7191</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (if recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94088</u> | <u>408-736-7191</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

| | | | | | | | |
|---|---|--------------|---|---------|--------|-------------------------------------|--------------------------|
| NAME OF CANDIDATE <u>James Fussell</u> | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Seat 5</u> | CHECK ONE | | | | | |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | <table border="1"> <tr> <td>SUPPORT</td> <td>OPPOSE</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | SUPPORT | OPPOSE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SUPPORT | OPPOSE | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |

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>10/24-10/31</u> | <u>CPS</u> <u>312 Brokaw Road</u> <u>Santa Clara, CA 95050</u> | <u>mailings</u> | <u>1062</u> | <u>1062</u> |
| | | | | |
| | | | | |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp <u>CITY OF SUNNYVALE, CA</u> <u>CITY CLERK'S OFFICE</u> <u>JAN 30 2004</u> | Page <u>7</u> of <u>10</u> For Official Use Only |
| Date of election if applicable: (Month, Day, Year) <u>Nov. 4, 2003</u> | | |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94086 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (if recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94088 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

| | | | | |
|----------------------------------|--|---|----------------------------------|---------------------------------|
| NAME OF CANDIDATE Ron Swegles | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Seat 6 | CHECK ONE | | |
| | | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> | |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

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) |
|-------------|--|----------------------------|--------|---|
| 10/24-10/31 | Diversified Direct 312 Brokaw Road Santa Clara, CA 95050 | mailings | 155 | 155 |
| 10/24-10/31 | Enviroprint 944 Alba Court San Jose, CA 95127 | mailings | 741 | 741 |
| 10/24-10/31 | ImageMaster 2156H O'Toole Avenue San Jose, CA 95131 | mailings | 64 | 64 |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE 21 JAN 20 11 00 AM '04 | Page <u>8</u> of <u>10</u> For Official Use Only |
| Date of election if applicable: (Month, Day, Year) <u>Nov. 4, 2003</u> | | |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| | | | |
|-----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Sunnyvale | CA | 94086 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (if recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| | | | |
|-----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Sunnyvale | CA | 94088 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|----------------------------------|--|--|-------------------------------------|
| NAME OF CANDIDATE Ron Swegles | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Seat 6 | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> |
| | | | OPPOSE <input type="checkbox"/> |

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) |
|-------------|---|----------------------------|--------|---|
| 10/24-10/31 | CPS 312 Brokaw Road Santa Clara, CA 95050 | mailings | 1062 | 1062 |
| | | | | |
| | | | | |

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>Oct. 19, 2003</u> through <u>Dec. 31, 2003</u> | Date Stamp OFFICE OF SUNNYVALE, CA CITY CLERK'S OFFICE JUN 16 7 11 AM '03 | Page <u>9</u> of <u>10</u> For Official Use Only |
| Date of election if applicable: (Month, Day, Year) <u>Nov. 4, 2003</u> | | |

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
990921

COMMITTEE/FILER'S NAME

Sunnyvale Public Safety Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

469 E. Evelyn Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94086 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

email: PSOA@pacbell.net

Treasurer (If recipient committee)

NAME OF TREASURER

Dave Pitts

MAILING ADDRESS

P.O. Box 60372

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA | 94088 | 408-736-7191 |

OPTIONAL: FAX / E-MAIL ADDRESS

fax: 408-522-1572

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|--------------------------------|--|--------------|---|
| NAME OF CANDIDATE Tim Risch | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Seat 7 | SUPPORT | OPPOSE <input checked="" type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | 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) |
|-------------|--|----------------------------|--------|---|
| 10/24-10/31 | Diversified Direct 312 Brokaw Road Santa Clara, CA 95050 | mailings | 3899 | 3899 |
| 10/24-10/31 | Enviroprint 944 Alba Court San Jose, CA 95127 | mailings | 2441 | 2441 |
| | | | | |

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | | |
|----------------------|---------------|---|
| Report covers period | | Page <u>10</u> of <u>10</u> |
| from | Oct. 19, 2003 | |
| through | Dec. 31, 2003 | I.D. NUMBER (if recipient com.) 990921 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sunnyvale Public Safety Officers Association PAC

4. Summary

| | | |
|---|--------------|----------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ | 15208 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ | 0 |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL | \$ 15208 |

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
Steve Fisk

ADDRESS (NO. AND STREET)
P.O.Box 60372

CITY STATE ZIP CODE
Sunnyvale CA 94088

2) NAME OF FILING OFFICER
Dave Pitts

ADDRESS (NO. AND STREET)
P.O. Box 60372

CITY STATE ZIP CODE
Sunnyvale CA 94088

3) NAME OF FILING OFFICER
Alison Lindsey

ADDRESS (NO. AND STREET)
P.O. Box 60372

CITY STATE ZIP CODE
Sunnyvale CA 94088

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Verification

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 January 28, 2004
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Alison Lindsey
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICESHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICESHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICESHOLDER, CANDIDATE, STATE MEASURE PROPONENT