

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Sunnyvale Public Safety Officers Association PAC		Date of This Filing <u>10/24/13</u>	RECEIVED OCT 28 2013 CITY CLERK'S OFFICE CITY OF SUNNYVALE	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 408-736-7191	I.D. NUMBER (if applicable) 990921	Report No. <u>IND-3</u>		
STREET ADDRESS Sunnyvale		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94085	No. of Pages <u>1 of 5</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				If it ain't broke - Don't fix it			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
		<input type="radio"/>	<input type="radio"/>	Measure A		<input type="radio"/>	<input checked="" type="radio"/>

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/13	mailing Autumn Press # 821842, \$2,655.99 AMS #24321, \$1,309.05 DKH \$350 for 10/9 mailing	\$4,315.04
10/29/13	mailing AMS # 24327, \$1,299.05	\$1,299.05

Reason for Amendment: _____

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CITY Sunnyvale	STATE CA	ZIP CODE 94085	No. of Pages <u>2 of 5</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				More reasons not to tinker with Sunnyvale elections			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT <input type="radio"/>	OPPOSE <input type="radio"/>	BALLOT NO./LETTER Measure A	JURISDICTION	SUPPORT <input type="radio"/>	OPPOSE <input checked="" type="radio"/>

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28/13	mailing Autumn Press # 821843, \$2,655.99 Autumn Press # 821851, \$3,141.08 AMS # 24323, \$1,309.05	\$7,106.12

Reason for Amendment: _____

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CITY Sunnyvale	STATE CA	ZIP CODE 94085	No. of Pages <u>3 of 5</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Glenn Hendricks				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Seat 2	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/13	mailing Autumn Press # 821926, \$1,570.54 AMS # 24322, \$ 654.53	\$2,225.07
10/28/13	mailing Autumn Press # 821851, \$1,570.54 AMS # 24324, \$ 654.53	\$2,225.07
10/30/13	mailing AMS # 24328, \$ 649.53	\$ 649.53

Reason for Amendment: _____

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CITY Sunnyvale	STATE CA	ZIP CODE 94085	No. of Pages <u>4 of 5</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Jim Griffith				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED _____			
OFFICE SOUGHT OR HELD City Council Seat 3	DISTRICT NO. _____	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER _____	JURISDICTION _____	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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10/30/13	mailing AMS # 24328, \$ 649.53	\$ 649.53

Reason for Amendment: _____

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CALIFORNIA FORM 496

NAME OF FILER
Sunnyvale Public Safety Officers Association PAC

I.D. NUMBER (if applicable)

990921

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
10/22/13	member contributions PP 2013 41	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	\$12,935.00	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