

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print ... ink.

OVER PAGE

CALIFORNIA 460
2001/02
FORM

Date Stamp
RECEIVED
JUL 29 2013
CITY CLERK'S OFFICE
CITY OF SUNNYVALE

Page 1 of _____
For Official Use Only

Statement covers period
from 1/1/13
through 6/30/13

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
990921

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
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	94088	408-736-7191

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 60372

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

OPTIONAL: FAX / E-MAIL ADDRESS

408-522-1572 / psoa@pacbell.net

Treasurer(s)

NAME OF TREASURER

Stephen Cronin

MAILING ADDRESS

P.O. Box 60372

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

408-522-1572 / psoa@pacbell.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7-24-13
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/13</u>	CALIFORNIA FORM 460
through <u>6/30/13</u>	
Page <u>2</u> of _____	
I.D. NUMBER 990921	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sunnyvale Public Safety Officers Association PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>9,839.74</u>	\$ <u>9,839.74</u>
2. Loans Received Schedule B, Line 3	\$ -	\$ -
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>9,839.74</u>	\$ <u>9,839.74</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ -	\$ -
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>9,839.74</u>	\$ <u>9,839.74</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ -	\$ -
7. Loans Made Schedule H, Line 3	\$ -	\$ -
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ -	\$ -
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ -	\$ -
10. Nonmonetary Adjustment Schedule C, Line 3	\$ -	\$ -
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ -	\$ -

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>78,787.64</u>
13. Cash Receipts Column A, Line 3 above	<u>9,839.74</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>1.95</u>
15. Cash Payments Column A, Line 8 above	-
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>88,629.33</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ -
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ -
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ -

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/13</u> through <u>6/30/13</u>	CALIFORNIA FORM 460
	Page <u>3</u> of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sunnyvale Public Safety Officers Association PAC

I.D. NUMBER

990921

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/13	member contributions, PP 2012 51	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	768.38	768.38	
2/6/13	member contributions, PP 2013 01	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	768.38	1536.76	
2/27/13	member contributions, PP 2013 03/05	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	1510.65	3047.41	
3/6/13	member contributions, PP 2013 07	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	749.73	3797.14	
3/13/13	member contributions, PP 2013 09	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	753.46	4550.60	
SUBTOTAL \$ 4550.60						

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 9839.74
- Amount received this period – unitemized contributions of less than \$100 \$ -
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9839.74

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/13</u> through <u>6/30/13</u>	CALIFORNIA FORM 460
Page <u>4</u> of _____	I.D. NUMBER 990921

NAME OF FILER

Sunnyvale Public Safety Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/13	member contributions, PP 2013 11	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	753.46	5304.06	
4/10/13	member contributions, PP 2013 13	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	753.46	6057.52	
4/24/13	member contributions, PP 2013 15	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	749.73	6807.25	
5/8/13	member contributions, PP 2013 17	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	749.73	7556.98	
5/22/13	member contributions, PP 2013 19	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	749.73	8306.71	
SUBTOTAL \$ 3756.11						

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/13</u> through <u>6/30/13</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u> </u>	I.D. NUMBER 990921

NAME OF FILER

Sunnyvale Public Safety Officers Association PAC

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/12/13	member contributions, PP 2013 21	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	768.38	9075.09	
6/19/13	member contributions, PP 2013 23	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety	764.65	9839.74	
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 1533.03						

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/1/13
through 6/30/13

SCHEDULE I
**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Sunnyvale Public Safety Officers Association PAC

Page _____ of _____

I.D. NUMBER
990921

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ -
- 2. Unitemized increases to cash under \$100 this period. \$ 1.95
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ -
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 1.95**