

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		RECEIVED CALIFORNIA FORM 496 For Official Use Only	
AREA CODE/PHONE NUMBER 408-736-7191	I.D. NUMBER (if applicable) 990921	Date of This Filing 10/26/11	RECEIVED OCT 27 2011
STREET ADDRESS 469 E. Evelyn Avenue; P.O. Box 60372	STATE CA	Report No. Ind-2	CITY CLERK'S OFFICE CITY OF SUNNYVALE
CITY Sunnyvale	ZIP CODE 94088	<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 2

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
Bo Chang					
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE		
City Council Seat 5		X			

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/26/11	mailing	\$1,613.06

Reason for Amendment:

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STREET ADDRESS 469 E. Evelyn Avenue; P.O. Box 60372		Report No. Ind-1	
CITY Sunnyvale	STATE CA	<input type="checkbox"/> Amendment to Report No. (explain below)	
	ZIP CODE 94088	No. of Pages 2	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED	
OFFICE SOUGHT OR HELD	BALLOT NO./LETTER	JURISDICTION
Jim Davis		
City Council Seat 6		

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.		AMOUNT
DATE	DESCRIPTION OF EXPENDITURE	
10/25/11	mailing	\$787.17

Reason for Amendment: _____

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CITY Sunnyvale	ZIP CODE 94088	No. of Pages 2	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
Patrick Meyerling	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
City Council Seat 5				

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10/26/11	mailing	\$1,613.06

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STATE CA	No. of Pages 2	
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1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Jack Walker	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED		
OFFICE SOUGHT OR HELD City Council Seat 6	DISTRICT NO.	SUPPORT	OPPOSE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/25/11	mailing	\$2361.48

Reason for Amendment: _____