

Late Independent Expenditure Report

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

NAME OF FILER

Sunnyvale Public Safety Officers Association PAC

AREA CODE/PHONE NUMBER

408-736-7191

I.D. NUMBER (if applicable)

990921

STREET ADDRESS

469 E. Evelyn Avenue; P.O. Box 60372

CITY

Sunnyvale

STATE

CA

ZIP CODE

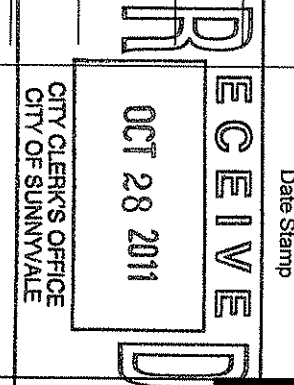
94088

LATE INDEPENDENT EXPENDITURE REPORT

For Official Use Only

CALIFORNIA FORM 496

Date of This Filing 10/28/11
 Report No. Ind-3
 Amendment to Report No. _____
 (explain below)
 No. of Pages 4



1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Bo Chang

OFFICE SOUGHT OR HELD

City Council Seat 5

DISTRICT NO.

SUPPORT

X

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28/11	mailing	2594.60

Reason for Amendment: _____

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NAME OF FILER Sunnyvale Public Safety Officers Association PAC		I.D. NUMBER (if applicable) 990921		Date of This Filing 10/28/11	Date Stamp
AREA CODE/PHONE NUMBER 408-736-7191		STREET ADDRESS 469 E. Evelyn Avenue; P.O. Box 60372		Report No. Ind-3	
CITY Sunnyvale		STATE CA	ZIP CODE 94088	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
				No. of Pages 4	

List Only One Candidate or Ballot Measure

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

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NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
NAME OF CANDIDATE SUPPORTED OR OPPOSED	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
Fred Fowler		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
City Council Seat 7							

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28/11	mailing	1297.30

Reason for Amendment: _____

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CITY Sunnyvale	STATE CA	ZIP CODE 94088	No. of Pages 4		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
Tara Martin-Milius							
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
City Council Seat 7		X					

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28/11	mailing	1297.29

Reason for Amendment: _____