

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

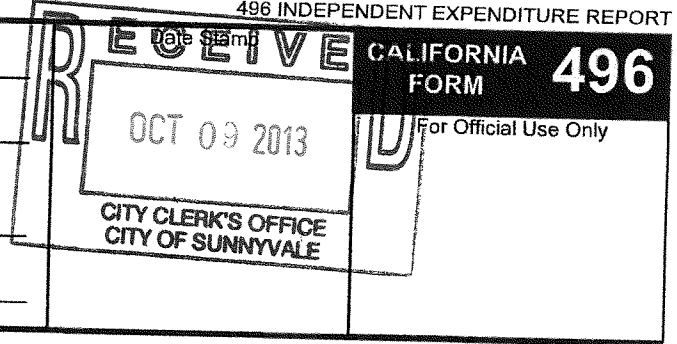
NAME OF FILER Sunnyvale Public Safety Officers Association PAC	
AREA CODE/PHONE NUMBER 408-736-7191	I.D. NUMBER (if applicable) 990921
STREET ADDRESS	
CITY Sunnyvale	STATE ZIP CODE CA 94085

Date of This Filing 10/09/13

Report No. IND-2

Amendment to Report No. _____
(explain below)

No. of Pages 1 of 3



1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Good intentions can lead to BAD IDEAS with Negative Consequences			
BALLOT NO./LETTER Measure A	JURISDICTION	SUPPORT	OPPOSE X

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/09/13	mailing	\$4,847.06

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER 408-736-7191	I.D. NUMBER (if applicable) 990921	Report No. IND-2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94085	No. of Pages 2 of 3	

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 X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/10/13	mailing	\$2,423.53

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER 408-736-7191	I.D. NUMBER (if applicable) 990921	Report No. IND-2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Sunnyvale	STATE CA	ZIP CODE 94085	No. of Pages 3 of 3	

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 X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/10/13	mailing	\$2,423.53

Reason for Amendment: _____
