

**Late Independent Expenditure Report**

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER <b>Sunnyvale Public Safety Officers Assn PAC</b>		Date of This Filing <b>10-31-03</b>	Date Stamp	CALIFORNIA FORM <b>496</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(408) 736-7191</b>	E.D. NUMBER (Applicable) <b>99-0921</b>	Report No. <b>IND-3</b>		
STREET ADDRESS <b>469 E. Evelyn Ave; P.O. Box 60372</b>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>Sunnyvale</b>	STATE <b>CA</b>	ZIP CODE <b>94088</b>	No. of Pages <b>6</b>	

**1. List Only One Candidate or Ballot Measure**

NAME OF CANDIDATE SUPPORTED OR OPPOSED <b>Ron Swegles</b>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <b>City Council Seat 6</b>	DISTRICT NO.	SUPPORT <b>X</b>	OPPOSE	BALLOT NO/LETTER	JURISDICTION	SUPPORT	OPPOSE

**2. Independent Expenditures Made Attach additional information on appropriate labels on continuation sheets.**

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10-30-03	mailing	1842
10-24-03	mailing	180

Reason for Amendment: \_\_\_\_\_

10/31/03 FRI 22:04 FAX 4082281502  
USA-RICHARD LINDSEY  
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AREA CODE/PHONE NUMBER <b>(408) 736-7191</b>	LD. NUMBER (if applicable) <b>99-092-1</b>	Report No. <b>IND-3</b>		
STREET ADDRESS <b>4109 E. Evelyn Ave; P.O. Box 60372</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Sunnyvale</b>	STATE <b>CA</b>	ZIP CODE <b>94088</b>	No. of Pages <b>6</b>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <b>Tim Risch</b>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <b>City Council Seat 7</b>	DISTRICT NO.	SUPPORT	OPPOSE <b>X</b>	BALLOT NO/LETTER	JURISDICTION	SUPPORT	OPPOSE

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10-30-03	Mailing	1842

Reason for Amendment: \_\_\_\_\_