OUT I OF SHAWYALLE, CA

## Late Independent Expenditure Report

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Amounts may be rounded to whole dollars.

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NAME OF FILER					Date of 11/02/07	Date Stamp	CALIFORNIA	496	
Sunnyvale Public Safety	/ Officers Association				This Filing		FORM	<b>400</b>	
AREA CODE/PHONE NUMBER (if applicable)				Report NoIND-1	·	For Official Us	For Official Use Only		
408-736-7191	990921			Report No.					
TREET ADDRESS	•			1	☐ Amendment				
469 E. Evelyn Avenue					to Report No				
CITY		STATE ZIP CODE		No. of Pages					
Sunnyvale		CA	94086		No. or rages				
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OFFICE SOUGHT OR HELD		DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPOR	T OPPOSE	
City Council Seat 4			×						
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Late Independer	ıt Expenditur	e Report	Aı	Tj mounts maj	ype or print in lak. y be rounded to whole dollars.		EPENDENT EXPENDITURE REPOR	
NAME OF FILER Sunnyvale Public Safety Officers Association PAC					Date of 11/02/07	Date Stamp	CALIFORNIA 496	
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CITY		STATE	ZIP CODE		(explain below)			
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City Council Seat	5		K					
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Late Independent Expenditure Report

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							PENDENT EXPENDITURE REPORT
NAME OF FILER					Date of 11/02/07	Date Stamp	CALIFORNIA 496
Sunnyvale Public Safety Officers Association PAC					This Filing		FORM 430
AREA CODE/PHONE NUMBER	I.O. NUMBER (it applicable) 990921			Report NoIND-1		For Official Use Only	
408-736-7191				Report No.			
STREET ADDRESS				1	☐ Amendment		
469 E. Evelyn Avenue	2				to Report No.		
CITY		STATE ZIP CODE			(explain below)	1	
Sunnyvale	·	CA	94086		No. of Pages		
1. List Only One Car	ndidate or Ballot Measur	'e					
NAME OF CANDIDATE S	UPPORTED OR OPPOSED				NAME OF BALLOT MEASUR	E SUPPORTED OR OPPOSED	
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OFFICE SOUGHT OR HE	LD DIS	TRICT NO.	SUPPORT	OPPOSE	BALLOT NO/LETTER	JURISDICTION	SUPPORT OPPOSE
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2. Independent Expe	nditures Made Attach addit	ional informat	tion on appropri	ately labele	d continuation sheets.		
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NAME OF FILER Sunnyvale Public Safety Officers Association PAC					Date of 11/02/07 This Filing	Date Stamp		496
AREA CODE/PHONE NUMBER (if applicable)					IND-1		For Official Use	Only
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Sunnyvale	·	CA	94086		No. of Pages			
1. List Only One Cand	idate or Ballot Meas	иге						
NAME OF CANDIDATE SUP	PORTED OR OPPOSED				NAME OF BALLOT MEASURE	SUPPORTED OR OPPOSED		
Melinda Hamilton								
OFFICE SOUGHT OR HELD		DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO/LETTER	JURISDICTION	SUPPORT	OPPOSE
City Council Seat 7			X					
2. Independent Expend	ditures Made Attach ad	ditional informat	іоп оп арргорп	iately labeled	l continuation sheets.			
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