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I. Committee	Filer Information	I.D. NUMBER (If recipient committee 990921	2)	Treasurer (	f recipient com	ımittes)			······································	
COMMITTEE/FILER			<u>-</u>	NAME OF TREASU	RER		***************************************	<del> </del>	<del>-,,</del>	
Sunnyvale Pu	blic Safety Officers Associat	ion PAC		Dave Pitts						
	·		***************************************	MAILING ADDRESS	<del> </del>				<del></del>	
STREET ADDRESS	•			P.O. Box 6037	72					
469 E. Evelyn				CITY		STATE	ZIP CODE	AREA	CODE/PH	ONE
CITY	STATE CA	ZIP CODE AREA CODE/PH 94086 408-736-719		Sunnyvale		CA 9	14088	408-7	36-719°	1
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Sunnyvale Pt	ublic Safety Officers Associa	tion PAG		Dave Pitts						
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email: PSOA	@pacbell.net			fax: 408-522-	1572					
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Sunnyvale Pu	blic Safety Officers Association	n PAG		Dave Pitts						
				MAILING ADDRESS					······································	
STREET ADDRESS				P.O. Box 6037	2					
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COMMITTEE/FILER	'S NAME	······································		NAME OF TREASUR	RER					
Sunnyvale Pu	ıblic Safety Officers Associati	on PAC		Dave Pitts						
STREET ADDRESS	(NO P.O. BOX)			MAILING ADDRESS						
469 E. Evelyn				P.O. Box 6037	<b>'</b> 2					
CITY		ZIP CODE AREA CODE/PH	ONE	CITY		STATE ZIP CODE	AREA C	ODE/PH	ONE	
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## Supplemental Independent

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Expenditure Report		Amounts may t to whole d		Report covers periou		
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AME OF FILER	<u></u>				I.D. NUM	BER (if recipient com.)
Sunnyvale Public Safety Officers Associatio	n PAC				99092	1
I. Summary						
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2. Total independent expenditures under \$	100 made this po	eriod. (Not itemized	i)		\$	0
•						15208
3. Total independent expenditures made t	nis pensa (Ada	Lines I + Z.)		1	JIME 4 —	
5. Filing Officers Enter the name and add	ress of each filing	officer with whom th	e filer's most recent camp	paign statements (Form 450, 460 c	or 461) have i	been filed.
1) NAME OF FILING OFFICER			3) NAME OF FILING			
Steve Fisk			Alison Lindsey			
ADDRESS (NO. AND STRE	Εŋ	<del> </del>	ADDRESS	(NO. AND STREET)		
P.O.Box 60372			P.O. Box 6037	2		
CITY	STATE	ZIP COUE	CITY		STATE	ZIP CODE
Sunnyvale	CA	94088	Sunnyvale		CA	94088
2) NAME OF FILING OFFICER			4) NAME OF FILING	OFFICER		
Dave Pitts			ADDRESS	(NO, AND STREET)		
ADDRESS (NO. AND STRE P.O. Box 60372	.E1]		AD5NE33	NO. AND STREET		
CITY	STATE	ZIP COUE	CITY		STATE	ZIP CODE
Sunnyvale	CA	94088				
Verification						
I have used all reasonable diligence in prepar	dog and reviewing	this statement and t	o the best of my knowled	ce the information contained here	in is true and	complete. Licertif
under penalty of perjury under the laws of the				3	/5 (1.55 5)	
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Executed onJanuary 28, 2004	<del></del>	By AUST	Monasey	ASURER OR ASSISTANT TREASURER		<u></u>
DATE		m	SIGNATURE OF THE	ASUIGHCIN ASSISTANT THEASUREN		
Executed on		SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE	E, STATE MEASURE PROPONENT, OR RESPO	NSIBLE OFFICER	OF SPONSOR
Executed on	_	Ву			<u> </u>	
DATE			GNATURE OF CONTROLLING OFFIC	EHOLDER, CANDIDATE, STATE MEASURE PRO	PONENT	
Executed on		Bv				

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT