



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning 07/01/2002, 20 and ending 09/30/2002, 20

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization: JOBSPAC, A COALITION OF CALIFORNIA EMPLOYERS SUPPORTING PRO-BUSINESS CANDIDATES SINCE 1992 Employer identification number: 68-0263175

2 Mailing address (P.O. Box or number, street, and room or suite number):
591 REDWOOD HIGHWAY, #4000

City or town, state, and ZIP code:
MILL VALLEY, CA 94941

3 E-mail address of organization: _____ **4** Date organization was formed:
01/06/1992

5a Name of custodian of records:
Nielsen, Merksamer, Parrinello, Mueller & Naylor LLP

5b Custodian's address:
591 Redwood Highway, Building 4000

Mill Valley, CA 94941

6a Name of contact person:
Nielsen, Merksamer, Parrinello, Mueller & Naylor LLP

6b Contact person's address:
591 Redwood Highway, Building 4000

Mill Valley, CA 94941

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number:
591 REDWOOD HIGHWAY, #4000

City or town, state, and ZIP code:
MILL VALLEY, CA 94941

8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only-due by July 31)

f Monthly report for the month of: _____
 (due by the 20th day following the month shown above, except the December report, which is due by January 31)

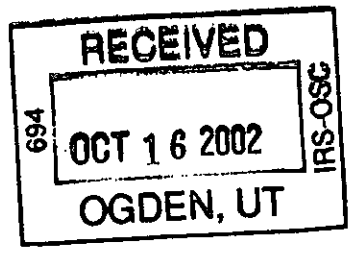
g Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election: _____
 (2) Date of election: _____
 (3) For the state of: _____

h Post-general election report (due by the 30th day after general election)
 (1) Date of election: _____
 (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).	9	60,000.00
10 Total amount of reported expenditures (total from all attached Schedules B).	10	2,242.70

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official: [Signature] Date: 10/7/02



NE JD

ENVELOPE OCT 15 2002
 SCANNED OCT 18 2002
 MARK DATE

Schedule A Itemized Contributions		Schedule A page 2 of 3
Name of organization JOBS PAC, A COALITION OF CALIFORNIA EMPLOYERS SUPPORTING PRO-BUSINESS CANDIDATES		Employer identification number 88-263925
Contributor's name, mailing address and ZIP code NISSAN NORTH AMERICA, INC. P.O. BOX 870 GARDENA, CA 90247-0887	Name of contributor's employer	Amount of contributions reported for this period \$ 10,000.00
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$ 10,000.00	
Contributor's name, mailing address and ZIP code TENET HEALTHCARE CORP 3820 STATE STREET SANTA BARBARA, CA 93105-	Name of contributor's employer	Amount of contributions reported for this period \$ 50,000.00
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$ 70,000.00	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 60,000.00

Schedule B Itemized Expenditures		Schedule B page 3 of 3
Name of organization JOBS PAC, A COALITION OF CALIFORNIA EMPLOYERS SUPPORTING PRO-BUSINESS CANDIDATES		Employer identification number 958143925
Recipient's name, mailing address and ZIP code NIELSEN, MERKSAMER, ET AL 770 L STREET, SUITE 800 SACRAMENTO, CA 95814-	Name of recipient's employer	Amount of each expenditure reported for this period \$ 2,242.70
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 2,242.70

