

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period from <u>06/01/2008</u> through <u>10/18/2008</u>	Date Stamp RECEIVED San Jose City Clerk OCT 23 A 10: 16	CALIFORNIA FORM 465
Date of election if applicable (Month, Day, Year) <u>11/04/2008</u>		
		Page <u>1</u> of <u>2</u>
		For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
743393

COMMITTEE/FILER'S NAME

San Jose Firefighters Political Action Committee

STREET ADDRESS (NO P.O. BOX)

425 East Santa Clara Street, Suite 300

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95113 408-286-8718

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Jose Guerrero

MAILING ADDRESS

425 East Santa Clara Street, Suite 300

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95113 408-286-8718

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Ash Kalra	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member City of San Jose #2	SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/06/2008	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	Design, printing, data, mailing services and postage for mailer	6,771.20	6,771.20
10/06/2008	U.S. Postmaster 1750 Lundy Avenue San Jose, CA 95150	Postage for mailer to support Ash Kalra for San Jose City Council D2	2,990.00 MEMO Subpayment made through: Firefighters Print & Design	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	06/01/2008	
through	10/18/2008	Page <u>2</u> of <u>2</u>
NAME OF FILER San Jose Firefighters Political Action Committee		I.D. NUMBER (If recipient com.) 743393

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	6,771.20
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	6,771.20

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
Secretary of State

ADDRESS (NO. AND STREET)
1500 11th Street, Room 495

CITY STATE ZIP CODE
Sacramento, CA 95814

2) NAME OF FILING OFFICER
Registrar Recorder of Los Angeles County

ADDRESS (NO. AND STREET)
12400 Imperial Highway

CITY STATE ZIP CODE
Norwalk, CA 90650

3) NAME OF FILING OFFICER
City and County of San Francisco

ADDRESS (NO. AND STREET)
One Dr. Carlton Goodlett Pl., Room 48

CITY STATE ZIP CODE
San Francisco, CA 94102

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10.22.03
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT