

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 01/01/2006 through 10/26/2006	Date Stamp RECEIVED San Jose City Clerk 2006 OCT 27	CALIFORNIA FORM 465 Page 1 of 4 For Official Use Only P 3:04
Date of election if applicable: (Month, Day, Year) 06/06/2006		

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1285612

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

Strengthening Our Lives Through Education, Community Action and Civic Participation, a Coalition of Labor Organizations - Candidate PAC

NAME OF TREASURER

Rita Copeland

STREET ADDRESS (NO P.O. BOX)

5429 Madison Avenue

MAILING ADDRESS

5429 Madison Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA, 95841

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Sacramento CA, 95841

916-348-9100

OPTIONAL: FAX/E-MAIL ADDRESS

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2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Cindy Chavez	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Mayor City of San Jose	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)
10/19/2006	Ignacio Abundis P. O. Box 1023 Huntington Park, CA 90255-	Voter Contact	290.00	58,062.87
10/20/2006	SOLT - Non Electoral 5429 Madison Ave. Sacramento, CA 95841	Voter Contact	7,789.87	58,062.87
10/22/2006	estimate	Voter Contact (Estimate 10/22/06-10/26/06	49,728.00	58,062.87

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Report covers period		CALIFORNIA FORM 465
from	01/01/2006	
through	10/26/2006	Page <u>3</u> of <u>4</u>
NAME OF FILER Strengthening Our Lives Through Education, Community Action and Civic Participation, a Coalition of Labor Organizations - Candidate PAC		I.D. NUMBER (If recipient com.) 1285612

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	58,062.87
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	\$ 58,062.87

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 St
Room 495
CITY STATE ZIP CODE
Sacramento, CA 95814

2) NAME OF FILING OFFICER
Los Angeles County

ADDRESS (NO. AND STREET)
12400 Imperial Highway
CITY STATE ZIP CODE
Norwalk, CA 90650

3) NAME OF FILING OFFICER
San Francisco County

ADDRESS (NO. AND STREET)
1 Drive Carleton B Goodlett Place
CITY STATE ZIP CODE
San Francisco, CA 94102

4) NAME OF FILING OFFICER
Sacramento County

ADDRESS (NO. AND STREET)
7000 65th St
CITY STATE ZIP CODE
Sacramento, CA 95823

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 10/26/06
DATE

By *Rita Copeland*
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

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

Executed on _____
DATE

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

Executed on _____
DATE

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

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SUPPLEMENTAL INDEPENDANT EXPENDITURE

CALIFORNIA
FORM **465**

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V. Additional Comments

See Sch. G of Campaign Report for Subvendor Information