

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period
 from 01/01/2006
 through 10/21/2006
 Date of election if applicable:
 (Month, Day, Year)
11/07/2006

Date Stamp

CALIFORNIA FORM **465**

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1291354

COMMITTEE/FILER'S NAME
San Jose First, a coalition of labor and business

STREET ADDRESS (NO P.O. BOX)

240 South Market

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95113

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (if recipient committee)

NAME OF TREASURER
Ronald Lind

MAILING ADDRESS

240 South Market

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95113

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Chuck Reed

OFFICE SOUGHT OR HELD

Mayor, City of San Jose

SUPPORT

OPPOSE

X

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)
10/17/2006	Terris, Barnes & Walters 400 Montgomery Street, Suite 900 San Francisco, CA 94104	Mailer	53,428.00	53,428.00
	SUB-VENDOR: Voter Contact Service P.O. Box 390817 Mountain View, CA 94039	\$2,021.10 Mailer		
	SUB-VENDOR: AdMail West 521 North 10th Street Sacramento, CA 95814	\$4,204.81 Mailer		

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Statement covers period from <u>01/01/2006</u> through <u>10/21/2006</u>	CALIFORNIA FORM 465 Page <u>3</u> of <u>3</u>
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NAME OF FILER <u>San Jose First, a coalition of labor and business</u>	I.D. NUMBER (If Recipient Com.) <u>1291354</u>
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4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.)	\$ <u>53,428.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>53,428.00</u>

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
San Jose City Clerk

ADDRESS (NO. AND STREET)
200 East Santa Clara Street

CITY STATE ZIP CODE
San Jose CA 95113

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

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 10-25-06
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

10/26/2006 16:47 ULSUN, HIBEL, WHI EK&F 13HBUKN 7 31405272626 RTT202220