

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)  
SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No \_\_\_\_\_  
Report No SIE482-61021

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report covers period from <u>01/01/2006</u> through <u>10/21/2006</u> Date of election if applicable: (Month, Day, Year) <u>2006</u> <u>11/07/2006</u>	Date Stamp <b>RECEIVED</b> San Jose City Clerk <b>OCT 27 P 2: 21</b>	<b>CALIFORNIA FORM 465</b>  1 / 4  For Official Use Only
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## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
970764

## Treasurer (if recipient committee)

NAME OF FILER  
COMPAC Issues Fund, Sponsored by the San Jose Silicon Valley Chamber of Commerce sponsored by San Jose Silicon Valley Chamber of Commerce  
STREET ADDRESS (NO P.O. BOX)  
310 South First Street  
CITY STATE ZIP CODE AREA CODE/PHONE  
San Jose CA 95113 (408) 291-5262  
OPTIONAL: FAX/E-MAIL ADDRESS  
( )

NAME OF TREASURER  
Kirk Alan Pessner  
MAILING ADDRESS  
20 Park Road, Suite E  
CITY STATE ZIP CODE AREA CODE/PHONE  
Burlingame CA 94010 (650) 401-8735  
OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Chuck Reed</u>	OFFICE SOUGHT OR HELD <u>Mayor, City of San Jose</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT X
			OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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	2 / 4
NAME OF FILER COMPAC Issues Fund, Sponsored by the San Jose Silicon Valley Chamber of Commerce sponsored by San Jose Silicon Valley Chamber of Commerce	I.D. NUMBER (If Recipient Com.) 970764

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NAME OF FILER

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	<u>69466.34</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>69466.34</u>

## 5. Filing Officers

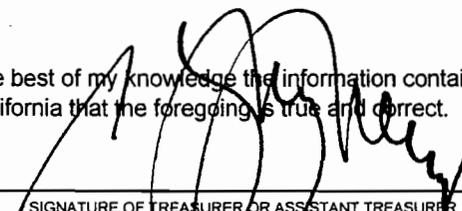
Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

## 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 and in the attached schedules 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 10/23/2006  
DATE

By   
SIGNATURE OF 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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Report covers period	<b>CALIFORNIA FORM 465</b>
from <u>01/01/2006</u>	
through <u>10/21/2006</u>	3 / 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMPAC Issues Fund, Sponsored by the San Jose Silicon Valley Chamber of Commerce sponsored by San Jose Silicon Valley Chamber of Commerce

I.D. NUMBER (If Recipient Com.)  
970764

**5. Filing Officers** Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

1500 - 11th Street, Room 495

CITY

Sacramento

STATE

CA

ZIP CODE

95814

1) NAME OF FILING OFFICER

Los Angeles County Registrar-Recorder

ADDRESS (NO. AND STREET)

12400 Imperial Highway

CITY

Norwalk

STATE

CA

ZIP CODE

90650

1) NAME OF FILING OFFICER

San Francisco Department of Elections

ADDRESS (NO. AND STREET)

One Dr. Carlton Goodlett Place, Room 48

CITY

San Francisco

STATE

CA

ZIP CODE

94102

1) NAME OF FILING OFFICER

Santa Clara County Registrar of Voters

ADDRESS (NO. AND STREET)

1555 Berger Drive, Building 2

CITY

San Jose

STATE

CA

ZIP CODE

95112

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

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from <u>01/01/2006</u>		
through <u>10/21/2006</u>		4 / 4
		For Official Use Only

### 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)
10/11/2006	TAB Communications, Inc. 3062 Yellowstone Lane Sacramento CA 95821 Reference No:	Mailing	23522.42	23522.42
10/16/2006	TAB Communications, Inc. 3062 Yellowstone Lane Sacramento CA 95821 Reference No:	Mailing	45943.92	45943.92