

# 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

Report covers period from <u>7-1-06</u> through <u>10-21-06</u>	Date Stamp <b>RECEIVED</b> San Jose City Clerk <b>OCT 27 A 9:31</b>	Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>2006</u> <u>11-7-06</u>		

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
980947

COMMITTEE/FILER'S NAME

Association of Retired San Jose Police  
Officers & Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

1316 Lillian Avenue

CITY STATE ZIP CODE AREA CODE/PHONE  
Sunnyvale, Ca 94087 (408) 730-9974

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Jerry T. Ellis

MAILING ADDRESS

1316 Lillian Avenue

CITY STATE ZIP CODE AREA CODE/PHONE  
Sunnyvale, Ca. 94087 (408) 730-9974

OPTIONAL: FAX / E-MAIL ADDRESS

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

NAME OF CANDIDATE

Jim Spence for City Council ID#1287402

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

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)
7/13/06	Compac 24th Annual BBQ 310 S 1st. St. San Jose, Ca. 95113 970764	Fundraising BBQ	5000.00	5000.00

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through	10-21-06	
Page	2	of 2
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NAME OF FILER  
Association of Retired San Jose Police Officers & Firefighters PAC

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) .....	\$ 5,250.00
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$ -0-
3. Total independent expenditures made this period (Add Lines 1 + 2.) .....	<b>TOTAL \$ 5,250.00</b>

## 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ (NO. AND STREET)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 10/21/06  
DATE

By   
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