

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)  
SEE INSTRUCTIONS ON REVERSE

**COPY**

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No \_\_\_\_\_  
Report No 20070216-1003

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

Report covers period from <u>01/01/2007</u> through <u>02/16/2007</u> Date of election if applicable: (Month, Day, Year) <u>2007 FEB 22</u>	Date Stamp <u>RECEIVED</u> <u>San Jose City Clerk</u> <u>P 2:43</u>	CALIFORNIA 1994 FORM <b>465</b>  1 / 3  For Official Use Only
--	--	---

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
741925

NAME OF FILER  
Santa Clara County Republican Party

STREET ADDRESS (NO P.O. BOX)  
522 N Monroe Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Jose</u>	<u>CA</u>	<u>95128-1338</u>	<u>(408) 246-6600</u>

OPTIONAL: FAX/E-MAIL ADDRESS  
(408) 246-1443      Director@SVGOP.com

## Treasurer (If recipient committee)

NAME OF TREASURER  
Mr. Steve M Moore

MAILING ADDRESS  
522 N Monroe Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Jose</u>	<u>CA</u>	<u>95128-1338</u>	<u>(408) 274-1778</u>

OPTIONAL: FAX/E-MAIL ADDRESS  
mooresteve@sbcglobal.net

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

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
<u>Hon Lien</u>	<u>City Council Member</u>	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.  
Please see attached pages

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	CALIFORNIA 1994 FORM <b>465</b>  2 / 3 I.D. NUMBER (If Recipient Com.) 741925
---	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Clara County Republican Party

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3) .....	\$	13914.77
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 \$	13914.77

## 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 2/16/07  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

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

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

# 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.

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	Date Stamp	CALIFORNIA 1994 FORM <b>465</b>
		3 / 3
		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)
02/05/2007	Daniel Huenergardt 461 Park Avenue Suite 3 San Jose CA 95110-2618 Reference No:	MBR: Mail Piece Design (Funds Spent from Federal Account)	675.00	13914.77
02/12/2007	Carol Morrison 100 N Whisman Road Apt. 418 Mountain View CA 94043-4933 Reference No:	MBR-Mail Piece & Postage	311.56	13914.77
02/12/2007	Carol Morrison 100 N Whisman Road Apt. 418 Mountain View CA 94043-4933 Reference No:	MBR-Absentee Mailer & Postage	4780.52	13914.77
02/12/2007	Carol Morrison 100 N Whisman Road Apt. 418 Mountain View CA 94043-4933 Reference No:	MBR-Mail Piece & Postage	4045.35	13914.77
02/15/2007	Carol Morrison 100 N Whisman Road Apt. 418 Mountain View CA 94043-4933 Reference No:	MBR-Mail Piece & Postage	4102.34	13914.77

Part 5: Filing Offices

Secretary of State  
Political Reform Division  
1500 11th Street, Room 495  
Sacramento, CA 95814

Registrar-Recorder of Los Angeles County  
Campaign Reporting Unit  
12400 Imperial Highway  
Norwalk, CA 90650

Department of Elections-City and County of San Francisco  
Campaign Statements  
1 Dr. Carlton B. Goodlett Place, City Hall - Rm 48  
San Francisco, CA 94102

Santa Clara County Elections  
1555 Berger Drive, Bldg 2  
San Jose, CA 95112