

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

COPY

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 02/28/2007 through 05/19/2007	Date Stamp RECEIVED San Jose City Clerk MAY 24 A 11:03	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) 06/05/2007		
<input type="checkbox"/> Amendment (Explain Below)		Page 1 of 3
		For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
820668

COMMITTEE/FILER'S NAME
San Jose Silicon Valley Chamber of Commerce Political Action Committee (COMPAC)

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

Treasurer (If recipient committee)

NAME OF TREASURER
Lori L. Jacobs

MAILING ADDRESS
330 Encinitas Blvd., Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE
Encinitas CA, 92024 (408) 291-5262

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE Hon Lien	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member City of San Jose - District 4	CHECK ONE	
		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)
02/28/2007	TAB Communications, Inc. 1014 2nd Street, Suite 201 Sacramento, CA 95814	Mailer	6,175.13	45,524.68
05/05/2007	TAB Communications, Inc. 1014 2nd Street, Suite 201 Sacramento, CA 95814	Mailer	7,445.84	45,524.68
05/08/2007	TAB Communications, Inc. 1014 2nd Street, Suite 201 Sacramento, CA 95814	Mailer	7,445.84	45,524.68

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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.

Report covers period from <u>02/28/2007</u> through <u>05/19/2007</u>	Date Stamp	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>06/05/2007</u>		

IV 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)
02/28/2007	TAB Communications, Inc. 1014 2nd Street, Suite 201 Sacramento, CA 95814	Mailer	6,730.58	45,524.68
05/01/2007	TAB Communications, Inc. 1014 2nd Street, Suite 201 Sacramento, CA 95814	Poll	5,000.00	45,524.68

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	02/28/2007	
through	05/19/2007	Page <u>3</u> of <u>3</u>
NAME OF FILER San Jose Silicon Valley Chamber of Commerce Political Action Committee (COMPAC)		I.D. NUMBER (If recipient com.) 820668

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	32,797.39
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	\$ 32,797.39

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
City of San Jose

ADDRESS (NO. AND STREET)
City Clerk - Attention: Campaign Disclosure
200 East Santa Clara Street

CITY STATE ZIP CODE
San Jose, CA 95113

2) 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

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 MAY 23 2007
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

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

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