

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>01/01/2007</u> through <u>05/19/2007</u> | Date Stamp RECEIVED San Jose City Clerk 2007 MAY 25 P 3:10 | CALIFORNIA FORM 465 |
| Date of election if applicable: (Month, Day, Year) <u>06/05/2007</u> | Page <u>1</u> of <u>3</u> | |
| <input type="checkbox"/> Amendment (Explain Below) | | For Official Use Only |

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

South Bay AFL-CIO Labor Council Committee on Political Education
Sponsored by South Bay AFL-CIO Labor Council

STREET ADDRESS (NO P.O. BOX)

2102 Almaden Road, Suite 100

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95125 408-266-3790

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
744711

Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Enrique Fernandez

MAILING ADDRESS

2102 Almaden Road, Suite 100

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95125 408-266-3790

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 | 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) |
|------------|--|---|--|---|
| 05/09/2007 | Printmail Pros 1601 Berryessa Road San Jose, CA 95133 | Postage and mailing services for mailer | 1,137.37 | 6,933.05 |
| 05/09/2007 | U. S. Postal Service 1750 Lundy Avenue San Jose, CA 95101- | Postage for mailer | 710.70 MEMO Subpayment made through: Printmail Pros | |
| 05/16/2007 | Printmail Pros 1601 Berryessa Road San Jose, CA 95133 | Postage and mailing services for mailer | 1,950.58 | 6,933.05 |

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| | | For Official Use Only |

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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.

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) |
|------------|--|----------------------------|--|---|
| 05/16/2007 | U. S. Postal Service 1750 Lundy Avenue San Jose, CA 95101- | Postage for mailer | 1,340.66 MEMO Subpayment made through: Printmail Pros | |
| 05/09/2007 | Autumn Press, Inc. 945 Camelia Street Berkeley, CA 94710- | Printing for mailer | 1,437.69 | 6,933.05 |
| 05/16/2007 | Autumn Press, Inc. 945 Camelia Street Berkeley, CA 94710- | Printing for mailer | 2,007.41 | 6,933.05 |
| 05/16/2007 | DFS Associates 1625 The Alameda, Suite 204 San Jose, CA 95126- | Design for mailer | 400.00 | 6,933.05 |
| | | | | |
| | | | | |

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| | Page <u>3</u> of <u>3</u> |
| ID NUMBER (if recipient com) 744711 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
South Bay AFL-CIO Labor Council Committee on Political Education Sponsored by South Bay AFL-CIO Labor Council

4. Summary

| | |
|---|--------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ 6,933.05 |
| 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 \$ 6,933.05 |

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
Secretary of State, Political Reform Division

ADDRESS (NO. AND STREET)
1500 11th Street, Room 495

CITY STATE ZIP CODE
Sacramento, CA 95814

2) NAME OF FILING OFFICER
Registrar Recorder of LA County

ADDRESS (NO. AND STREET)
Campaign Report Unit
12400 Imperial Highway

CITY STATE ZIP CODE
Norwalk, CA 90650

3) NAME OF FILING OFFICER

City and County of San Francisco

ADDRESS (NO. AND STREET)
Department of Elections
One Dr. Carlton F. Goodlett Place, Room 48

CITY STATE ZIP CODE
San Francisco, CA 94102

4) NAME OF FILING OFFICER
Santa Clara County Registrar of Voters

ADDRESS (NO. AND STREET)
1555 Berger Drive, Building 2

CITY STATE ZIP CODE
San Jose, CA 95112

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 5-23-07
DATE
5/23/07
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By Ronald J. Lund
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