

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

Amendment (Explain Below)

Report covers period
from 05/20/2007
through 05/29/2007

Date of election if applicable:
(Month, Day, Year)
06/05/2007

Date Stamp
Lied
6-1-07
ep

CALIFORNIA FORM 465

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
744711

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

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

CHECK ONE

NAME OF CANDIDATE Hon Lien	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member City of San Jose, District 4	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
			OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
05/29/2007	Printmail Pros 1601 Berryessa Road San Jose, CA 95133	Postage and mailing services for mailer	829.79	9,217.69
05/29/2007	U. S. Postal Service 1750 Lundy Avenue San Jose, CA 95101-	Postage for mailer opposing Hon Lien	463.24 MEMO Subpayment made through: Printmail Pros	
05/29/2007	Autumn Press, Inc. 945 Camelia Street Berkeley, CA 94710-	Printing for mailer	1,454.85	9,217.69

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	05/20/2007	
through	05/29/2007	Page <u>2</u> of <u>2</u>
NAME OF FILER South Bay AFL-CIO Labor Council Committee on Political Education Sponsored by South Bay AFL-CIO Labor Council		I.D. NUMBER (If recipient com.) 744711

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 2,284.64

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** \$ 2,284.64

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 B. 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 5-29-07
DATE

Executed on 5-29-07
DATE

Executed on _____
DATE

Executed on _____
DATE

By Ronald J. Rinal
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By [Signature]
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