

Paid Spokesperson Report

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

RECEIVED
San Jose City Clerk

Date Stamp
2008 OCT 24 A 11: 29

CALIFORNIA FORM 511

For Official Use Only

NAME OF FILER Recall Madison Nguyen Committee	ID # (if required) 1307473
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AREA CODE/PHONE NUMBER _____	E-MAIL (Optional) _____	
STREET ADDRESS _____		
CITY San Jose	STATE CA	ZIP CODE 95121

Amendment (explain)

Payments Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF SPOKESPERSON	BALLOT MEASURE SUPPORTED OR OPPOSED (INCLUDE BALLOT NUMBER OR LETTER AND JURISDICTION)	AMOUNT
10/15/08	Andres Charles _____ San Francisco, CA 94117	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	15,000.00
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Verification

I have used all reasonable diligence in preparing this report. I have reviewed the report 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 10/24/08 DATE

By  SIGNATURE OF TREASURER/ASSISTANT TREASURER/FILER

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NAME OF FILER Recall Madison Nguyen Committee		ID # (If required) 1307473	2008 OCT 24 A 11: 29
AREA CODE/PHONE NUMBER 408-799-7672	E-MAIL (Optional)		<input type="checkbox"/> Amendment (explain)
STREET ADDRESS 1308 Soto Ct.			
CITY San Jose	STATE CA	ZIP CODE 95121	

Payments Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF SPOKESPERSON	BALLOT MEASURE SUPPORTED OR OPPOSED (INCLUDE BALLOT NUMBER OR LETTER AND JURISDICTION)	AMOUNT
10/15/08	Andres Charles 2310 Fell St. #12 San Francisco, CA 94117	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	15,000.00
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

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By 
SIGNATURE OF TREASURER/ASSISTANT TREASURER/FILER