

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No _____
Report No 743393

Amendment (Explain Below)

Report covers period from <u>06/30/2008</u> through <u>09/24/2008</u>	Date Stamp <u>9/29/08</u> <u>3:24 pm</u> <u>ep</u>	CALIFORNIA 1994 FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/04/2008</u>		1/3
For Official Use Only		

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
743393

NAME OF FILER
SAN JOSE FIREFIGHTERS POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)
425 E. Santa Clara Street Suite 300
San Jose

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95113

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
Jose Guerrero

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Compac</u>	OFFICE SOUGHT OR HELD	CHECK ONE	
NAME OF BALLOT MEASURE <u>J & K</u>	BALLOT NO./LETTER	JURISDICTION <u>Santa Clara Co.</u>	SUPPORT OPPOSE
			<input checked="" type="checkbox"/> <input type="checkbox"/>

3. Independent Expenditures Made

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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA 1994 FORM 465
from	06/30/2008	
through	09/24/2008	2/3
NAME OF FILER		I.D. NUMBER (If Recipient Com.)
SAN JOSE FIREFIGHTERS POLITICAL ACTION COMMITTEE		743393

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4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	5000.00
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.. \$	5000.00

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 9/24/08
DATE

Executed on 09/24/2008
DATE

Executed on _____
DATE

Executed on _____
DATE

By Jose A. Hernandez
SIGNATURE OF 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

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

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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.

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	Date Stamp	CALIFORNIA 1994 FORM 465
from <u>06/30/2008</u>		
through <u>09/24/2008</u>		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)
09/24/2008	Compac 310 So. First St. San Jose CA 95113 Reference No:		5000.00	5000.00