

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>5/31/08</u> through <u>5/31/08</u>	Date Stamp RECEIVED San Jose City Clerk 2008 MAY 33 A 8:30 June 2 me	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/4/08</u>	Page <u>1</u> of <u>2</u>	For Official Use Only

Amendment (Explain Below)

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

San Jose Fire Fighters Local 230

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose Ca 95113

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)

743393

Treasurer (If recipient committee)

NAME OF TREASURER

Jose Guerrero

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose, CA 95113

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Ash Kalra

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

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)
5/31/08	Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, Ca. 95833	Mailing	6440.90	6440.90

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through <u>5/31/08</u>	
Page <u>2</u> of <u>2</u>	
ID. NUMBER (if recipient com.) <u>74-3393</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Jose Fire Fighters Local 230

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>6440.90</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>-0-</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>6440.90</u>

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 _____

ADDRESS (NO. AND STREET) _____

CITY STATE ZIP CODE _____

3) NAME OF FILING OFFICER _____

ADDRESS (NO. AND STREET) _____

CITY STATE ZIP CODE _____

2) 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 5/31/08
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Jose Guerrero
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

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

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