

May. 20 2008 08:51PM P1

FAX NO. :17753587537

FROM : JOANS

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

COPY

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period
from 5/20/08
through _____
Date of election if applicable:
(Month, Day, Year)
6/3/08

Date Stamp
RECEIVED
San Jose City Clerk
9:29

CALIFORNIA FORM **465**
Page 1 of 2
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
980947

COMMITTEE/FILER'S NAME
**Association of Retired San Jose Police Officers
and Fire Fighters**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Sunnyvale, CA 94087

OPTIONAL FAX/E-MAIL ADDRESS

Treasurer (if recipient committee)

NAME OF TREASURER

Jerry T. Ellis

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose, CA 95159-8041

OPTIONAL FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE
Nancy Pyle

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
City Council

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)
5/20/08	Nancy Pyle for City Council San Jose, Ca. 95120 #1301360	Newspaper AD	843.00	843.00

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>5/20/08</u> through _____	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (if rec'd/reat com.) 980947

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Association of Retired San Jose Police Officers & Fire Fighters

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>843.00</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>843.00</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 _____	3) NAME OF FILING OFFICER _____
ADDRESS (NO. AND STREET) _____	ADDRESS (NO. AND STREET) _____
CITY STATE ZIP CODE _____	CITY STATE ZIP CODE _____
2) NAME OF FILING OFFICER _____	4) NAME OF FILING OFFICER _____
ADDRESS (NO. AND STREET) _____	ADDRESS (NO. AND STREET) _____
CITY STATE ZIP CODE _____	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 5/20/08
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Jerry T. Ellis
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

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