

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.

Amendment (Explain Below)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>5/22/08</u> through <u>5/23/08</u> Date of election if applicable: (Month, Day, Year) <u>6/3/08</u>	Date Stamp RECEIVED San Jose Office 2008 MAY 29	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
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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

San Jose 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

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Nancy Pyle for City Council #1301360

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

X

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)
5/22/08	Christina Moses San Jose, Ca. 95110	2 color ads for newspapers	200.00	1043.00
5/23/08	Time Media Inc. 1310 Tully Rd. Ste 112 San Jose, Ca. 95122	newspaper ad	795.00	1838.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	5/22/08	
through	5/23/08	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (if recipient com.)
Association of Retired San Jose Police Officers and Fire Fighters		980947

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Association of Retired San Jose Police Officers and Fire Fighters

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.).....	\$ 995.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ -0-
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ 995.00

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 _____

2) 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 _____

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 5/29/08
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