

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)

Report covers period
from 05/20/2012
through 06/30/2012
Date of election if applicable:
(Month, Day, Year)
06/05/2012

RECEIVED
Date Stamp
San Jose City Clerk
2012 AUG -2 PM 2:21
SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465
Page 1 of 3

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
951339

Treasurer (if recipient committee)

NAME OF TREASURER

Franco Vado

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95112

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE/FILER'S NAME

San Jose Police Officers' Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95112 3

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Rose Herrera</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member City of San Jose</u>	SUPPORT	OPPOSE <u>X</u>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT

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)
05/21/2012 <i>Advance payment made in prior period</i>	Pacific Printing 1002 South 2nd Street San Jose, CA 95112	Mailer	7,638.58	54,648.71
05/21/2012	US Postmaster 101 N. First Street San Jose, CA 95113	Mailer	1,864.92 MEMO Subpayment made through: Pacific Printing	
05/26/2012	Milagro Marketing San Jose, CA 95131	Mailer	900.00	54,648.71

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Page 2 of 3
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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.

IV 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)
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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	05/20/2012	
through	06/30/2012	Page <u>3</u> of <u>3</u>
NAME OF FILER San Jose Police Officers' Association PAC		I.D. NUMBER (if recipient com.) 951339

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	14,561.71
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	\$ 14,561.71

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
Santa Clara County Registrar of Voters

ADDRESS (NO. AND STREET)
1555 Berger Drive, Building 2

CITY STATE ZIP CODE
San Jose, CA 95112

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 certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. 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 7-25-2012
DATE

Executed on 7-25-2012
DATE

Executed on _____
DATE

Executed on _____
DATE

[Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

[Signature]
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