

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

Amendment (Explain Below)

Report covers period from <u>01/01/2012</u> through <u>10/20/2012</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>		

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
941786

COMMITTEE/FILER'S NAME

Santa Clara County Government Attorneys' Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95125- (408) 209-0702

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Kevin Smith

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95125- (408) 792-2781

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Jimmy Nguyen (I)	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member City of San Jose	SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
10/15/2012	Pacific Printing, Inc. San Jose, CA 95112	Mailer	3,243.50	3,543.50
10/15/2012	U.S. Postmaster Sacramento, CA 95814-	Postage for Mailer	MEMO 1,238.98 Subpayment made through: Pacific Printing, Inc.	
10/15/2012	Milagro Marketing, LLC San Jose, CA 95131	Design of Mailer	300.00	3,543.50

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from	01/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
NAME OF FILER Santa Clara County Government Attorneys' Association PAC		I.D. NUMBER (If recipient com.) 941786

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,543.50
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 \$	3,543.50

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
City of San Jose City Clerk

ADDRESS (NO. AND STREET)
200 E. Santa Clara Street, Suite 200

CITY STATE ZIP CODE
San Jose, CA 95113

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 _____
DATE

By _____
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

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

Executed on _____
DATE

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

Executed on _____
DATE

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