

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>10/21/2012</u> through <u>12/31/2012</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> E-Filed 01/25/2013 12:04:13 Filing ID: 139289575 </div>	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>	Page <u>1</u> of <u>4</u> For Official Use Only	

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
820668

COMMITTEE/FILER'S NAME
San Jose Silicon Valley Chamber of Commerce Political Action Committee (ChamberPAC)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Jose</u>	<u>CA</u>	<u>95113</u>	<u>(408)291-5262</u>

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer (If recipient committee)

NAME OF TREASURER
Robin Stephen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Encinitas</u>	<u>CA</u>	<u>92024</u>	<u>(760)632-3600</u>

OPTIONAL: FAX / E-MAIL ADDRESS _____

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
<u>Rose Herrera</u>	<u>City Council Member City of San Jose - District 8</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

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)
10/22/2012	TAB Communications, Inc. Fair Oaks, CA 95628	Mailer	9,809.36	103,399.50
10/22/2012	Connexxion Rocklin, CA 95765	Mailer	5,979.62 MEMO	
10/24/2012	TAB Communications, Inc. Fair Oaks, CA 95628	Flyer	6,847.50	103,399.50

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 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.

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<u>11/06/2012</u>		For Official Use Only

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)
10/24/2012	AA Distribution San Jose, CA 95112	Flyer	6,465.00 MEMO	
10/29/2012	TAB Communications, Inc. Fairoaks, CA 95628	Postcard	4,846.00	103,399.50
10/29/2012	Connexxion Rocklin, CA 95765	Postcard	2,840.55 MEMO	
10/29/2012	United States Postal Service San Jose, CA 95101	Postage	1,537.25 MEMO	
10/29/2012	TAB Communications, Inc. Fairoaks, CA 95628	Newspaper Ad	400.00	103,399.50
10/29/2012	Times Media, Inc. San Jose, CA 95122	Newspaper Ad Placement	735.00 MEMO	

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10/29/2012	Point & Click Studio Crestview, KY 41076	Newspaper Ad - Design	400.00 MEMO	
11/02/2012	TAB Communications, Inc. Fair Oaks, CA 95628	Phone Banking	5,417.13	103,399.50
11/02/2012	Advantage Communications/CSI Research Arlington, VA 22209-	Phone Banking	4,710.55 MEMO	

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San Jose Silicon Valley Chamber of Commerce Political Action Committee (ChamberPAC)		820668

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	27,319.99
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 \$	27,319.99

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)

 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 01/10/2013
DATE

By Robin Stephen
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