

**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 01/01/2009 through 10/17/2009	Date Stamp CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE 2009 OCT 23 A 9:54	CALIFORNIA FORM <b>465</b> Page 1 of 3 For Official Use Only
Date of election if applicable: (Month, Day, Year) 11/03/2009		

**1. Committee/Filer Information**

I.D. NUMBER (if recipient committee)  
744711

COMMITTEE/FILER'S NAME

South Bay AFL-CIO Labor Council Committee on Political Education  
Sponsored by South Bay AFL-CIO Labor Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
San Jose CA, 95125 408-266-3790

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer** (if recipient committee)

NAME OF TREASURER

Mr. Enrique Fernandez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
San Jose CA, 95125 408-266-3790

OPTIONAL: FAX/E-MAIL ADDRESS

**2. Name of Candidate or Measure Supported or Opposed**

CHECK ONE

NAME OF CANDIDATE Tony Spitaleri	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member City of Sunnyvale	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)
10/13/2009	DFS Associates [REDACTED] San Jose, CA 95126-	Mailer	1,969.30	2,307.82
10/15/2009	Value Business Products [REDACTED] Morgan Hill, CA 95037	Supplies	48.12	2,307.82
10/15/2009	HSBC Business Solutions (Costco Wholesale) P.O. Box 5219 Carol Stream, IL 60197-5219	Food for volunteers	82.71	2,307.82

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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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.

<b>Report covers period</b> from <u>01/01/2009</u> through <u>10/17/2009</u>	Date Stamp	<b>CALIFORNIA FORM 465</b>
<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/03/2009</u>		

**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)
10/17/2009	Anna Schlotz [REDACTED] San Jose, CA 95125	Food for volunteers	13.23	2,307.82
10/17/2009	Political Data, Inc. P.O. Box 1706 Burbank, CA 91507-	Data	95.05	2,307.82
10/17/2009	Tony & Alba's Pizza and Pasta [REDACTED] San Jose, CA 95128-	Food for volunteers	99.41	2,307.82

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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	Page <u>3</u> of <u>3</u>
	I.D. NUMBER (if recipient com.) 744711

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
South Bay AFL-CIO Labor Council Committee on Political Education Sponsored by South Bay AFL-CIO Labor Council

**4. Summary**

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2,307.82
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	<b>2,307.82</b>

**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 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

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

By Ronald J. Lind  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT