

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

Type or print in ink.
Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

Report covers period from 09/25/2011 through 10/22/2011	Date Stamp OCT 27 2011	Page 1 of 4 For Official Use Only

1. Committee/Filer Information

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)
2102 Almaden Road, Suite 100

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

OPTIONAL: FAX/E-MAIL ADDRESS

ID NUMBER (if recipient committee)
744711

Treasurer (if recipient committee)

NAME OF TREASURER
Mr. Enrique Fernandez

MAILING ADDRESS
2102 Almaden Road, Suite 100

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

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE
Bo Chang	City Council Member City of Sunnyvale, #5	SUPPORT <input checked="" type="checkbox"/> OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION
		SUPPORT <input type="checkbox"/> 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)
10/20/2011	1021 S. Wolfe Road #105 Sunnyvale, CA 94086	Phone calls to support Bo Chang for Sunnyvale City Council	55.58	1,510.77
09/30/2011	2102 Almaden Rd, #107 San Jose, CA 95125-2104	Office overhead expenses for campaign to support Bo Chang for Sunnyvale City Council	21.14	1,510.77
10/08/2011	South Bay AFL-CIO Labor Council 2102 Almaden Rd, #107 San Jose, CA 95125-2104	Staff salaries to support Bo Chang for Sunnyvale City Council	495.09	1,510.77

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Report covers period
from 09/25/2011
through 10/22/2011

Date of election if applicable:
(Month, Day, Year)
11/08/2011

SEE INSTRUCTIONS ON REVERSE
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)
10/08/2011	Ben Field 2102 Almaden Road, Suite 107 San Jose, CA 95125	Staff salaries to support Bo Chang for Sunnyvale City Council	207.67 MEMO Subpayment made South Bay AFL-CIO Labor Council	through: South Bay AFL-CIO Labor
10/08/2011	Derecka Mehrens 2102 Almaden Road, #107 San Jose, CA 95125	Staff salaries to support Bo Chang for Sunnyvale City Council	97.35 MEMO Subpayment made South Bay AFL-CIO Labor Council	through: South Bay AFL-CIO Labor
10/08/2011	Anna Schlotz 2102 Almaden Road, Suite 107 San Jose, CA 95125	Staff salaries to support Bo Chang for Sunnyvale City Council	106.87 MEMO Subpayment made South Bay AFL-CIO Labor Council	through: South Bay AFL-CIO Labor
10/08/2011	Janice Ferris 2102 Almaden Road, Suite 107 San Jose, CA 95125	Staff salaries to support Bo Chang for Sunnyvale City Council	57.69 MEMO Subpayment made South Bay AFL-CIO Labor Council	through: South Bay AFL-CIO Labor
10/08/2011	Jamie Chen 2102 Almaden Road, Suite 107 San Jose, CA 95125	Staff salaries to support Bo Chang for Sunnyvale City Council	17.02 MEMO Subpayment made South Bay AFL-CIO Labor Council	through: South Bay AFL-CIO Labor
10/13/2011	Tony & Alba's Pizza and Pasta 1321 S. Winchester Blvd, PMB 279 San Jose, CA 95128-	Food for volunteers to support Bo Chang for Sunnyvale City Council	16.22	1,510.77

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Date of election if applicable: (Month, Day, Year) <u>11/08/2011</u>	Page <u>3</u> of <u>4</u> For Official Use Only	

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/15/2011	Anna Schlotz 2102 Almaden Road, Suite 107 San Jose, CA 95125	Food for volunteers to support Bo Chang for Sunnyvale City Council	60.62	1,510.77
10/15/2011	HSBC Business Solutions (Costco Wholesale) P.O. Box 5219 Carol Stream, IL 60197-5219	Food for volunteers to support Bo Chang for Sunnyvale City Council	47.92	1,510.77
10/15/2011	Santa Clara Labor Center 2102 Almaden Road, Suite 103 San Jose, CA 95125-	Hall rental for campaign to support Bo Chang for Sunnyvale City Council	50.00	1,510.77
10/20/2011	Bankcard Center United Labor Bank P.O. Box 569200 Dallas, TX 75356	Food for volunteers to support Bo Chang for Sunnyvale City Council	8.60	1,510.77
10/21/2011	California Voter Connect Catalist 1090 Vermont Avenue NW, Suite 300 Washington, DC 20005	Data for campaign to support Bo Chang for Sunnyvale City Council	62.49	1,510.77

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

Report covers period
from 09/25/2011 through 10/22/2011

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I.D. NUMBER (if recipient com.) 744711

4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 817.66
- Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0.00
- Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL \$ 817.66**

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: 1555 Berger Drive, Building 2 (NO. AND STREET)
CITY: San Jose, CA 95112 STATE: ZIP CODE:

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 10-26-2011 DATE

By [Signature] SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on 10/26/2011 DATE

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

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT