

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> CITIZENS FOR A SAFE & STRONG SAN JOSE, SUPPORTING LICCARDO FOR MAYOR 2014		<b>Date of This Filing</b> <u>05/09/2014</u>	<b>Date Stamp</b>  <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;">         E-Filed          05/09/2014          16:47:26           Filing ID:          151396792       </div>	<b>CALIFORNIA FORM 496</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>  (415)389-6800	<b>I.D. NUMBER (if applicable)</b>  1366242	<b>Report No.</b> <u>LIER# 238</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>3</u>		
<b>STREET ADDRESS</b>  _____  <b>CITY</b> <u>SAN RAFAEL</u> <b>STATE</b> <u>CA</u> <b>ZIP CODE</b> <u>94901</u>				

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b>  SAM LICCARDO				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>  _____			
<b>OFFICE SOUGHT OR HELD</b> Mayor CITY OF SAN JOSE	<b>DISTRICT NO.</b> _____	<b>SUPPORT</b> <div style="text-align: center;">X</div>	<b>OPPOSE</b> _____	<b>BALLOT NO./LETTER</b> _____	<b>JURISDICTION</b> _____	<b>SUPPORT</b> _____	<b>OPPOSE</b> _____

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/08/2014	MAILER SUPPORTING SAM LICCARDO, MAYOR, CITY OF SAN JOSE Cumulative to date total \$141845.00	19,825.00
05/08/2014	RADIO ADS SUPPORTING SAM LICCARDO, MAYOR, CITY OF SAN JOSE Cumulative to date total \$141845.00	5,000.00
05/08/2014	POLLING RE: SAM LICCARDO, MAYOR, CITY OF SAN JOSE Cumulative to date total \$141845.00	1,980.00
05/08/2014	RADIO ADS SUPPORTING SAM LICCARDO, MAYOR, CITY OF SAN JOSE Cumulative to date total \$141845.00	15,000.00

Reason for Amendment: \_\_\_\_\_

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<b>AREA CODE/PHONE NUMBER</b> (415) 389-6800		<b>I.D. NUMBER (if applicable)</b> 1366242		<b>Report No.</b> <u>LIER# 238</u>			
<b>STREET ADDRESS</b>  				<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			
<b>CITY</b> SAN RAFAEL		<b>STATE</b> CA		<b>ZIP CODE</b> 94901			
<b>No. of Pages</b> <u>3</u>							

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> SAM LICCARDO				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> Mayor CITY OF SAN JOSE	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/08/2014	ONLINE ADS SUPPORTING SAM LICCARDO, MAYOR, CITY OF SAN JOSE Cumulative to date total \$141845.00	25,000.00
05/08/2014	ONLINE ADS SUPPORTING SAM LICCARDO, MAYOR, CITY OF SAN JOSE Cumulative to date total \$141845.00	15,000.00

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

# 496 Independent Expenditure Report

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**CALIFORNIA**  
**FORM** **496**

NAME OF FILER

CITIZENS FOR A SAFE & STRONG SAN JOSE, SUPPORTING LICCARDO FOR MAYOR 2014

I.D. NUMBER (If applicable)

1366242

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
05/07/2014	JASON RODRIGUEZ San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT AND CHIEF OF STAFF HEWLETT PACKARD	2,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND – Individual  
COM – Recipient Committee (other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)