

Late Contribution Report

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

CITY OF SUNNYVALE, CALIF. CONTRIBUTION REPORT

NAME OF FILER Melinda for Council		Date of This Filing 2-Nov-03	CITY OF SUNNYVALE, CALIF. CONTRIBUTION REPORT 2003 NOV -3 A 8 Received via fax on 11/2/03 @ 12:04 pm (weekend)	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408 736 8839	I.D. NUMBER (Applicable) 1256115	Report No. R2		
STREET ADDRESS 563 S Taaffe St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94086		
		No. of Pages 1		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
26-Oct-03	South Bay AFL-CIO Labor Council Committee on Political Education 2102 Almaden Rd Suite 100 San Jose, CA 95125 FPPC ID #744711	<input type="checkbox"/> IND		\$288.26
31-Oct-03		<input checked="" type="checkbox"/> COM		In-Kind
		<input type="checkbox"/> OTH		\$6878.82
		<input type="checkbox"/> PTY		(In-Kind)
		<input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND		
		<input type="checkbox"/> COM		
		<input type="checkbox"/> OTH		
		<input type="checkbox"/> PTY		
		<input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND		
		<input type="checkbox"/> COM		
		<input type="checkbox"/> OTH		
		<input type="checkbox"/> PTY		
		<input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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

Reason for Amendment: _____

Nov 01 11:31

Fax : 4087328839

Item 1

Late Contribution Report

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CITY OF SUNNYVALE DATE CONTRIBUTION REPORT

NAME OF FILER Melinda for Council		Date of This Filing 1-Nov-03	CITY OF SUNNYVALE OFFICE 2003 NOV -3 A 8: Actually received via fax @ 3:26pm on (weekend) 11/1/03	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408 736 8839	I.D. NUMBER (if applicable) 1256115	Report No. R1		
STREET ADDRESS 563 S Taaffe St		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94086		

Late Contribution(s) 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
31-Oct-03	Sunnyvale Public Safety Officers Assn, PAC P.O Box 60372 Sunnyvale, CA 94088 FPPC:990921	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1700 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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