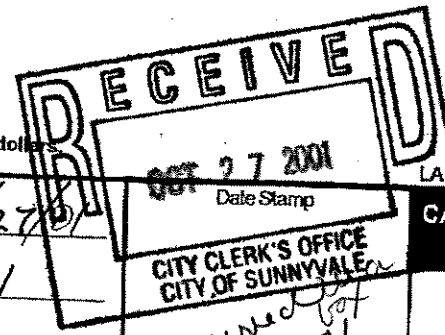


Late Contribution Report

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



NAME OF FILER
John Howe for City Council

AREA CODE/PHONE NUMBER
408-737-7918

I.D. NUMBER (if applicable)
1223133

STREET ADDRESS
507 Cashmere Tr N

CITY
Sunnyvale CA

STATE
CA

ZIP CODE
94087

Date of This Filing
10/27/01

Report No.
#1

Amendment to Report No. (explain below)

No. of Pages
1

LATE CONTRIBUTION REPORT
CA FORM 497
For Official Use Only

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
<i>10/26/01</i>	<i>Sunnyvale Public Safety Officers Association PO Box 60372 Sunnyvale CA 94088 #990921</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>2500</i>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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

Reason for Amendment: _____