

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER <b>John Howe for City Council</b>		Date of This Filing <b>11/4/05</b>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>408 7377918</b>	D NUMBER (Separate) <b>122133</b>	Report No. <b>1</b>		
STREET ADDRESS <b>507 Cashmere Tr N</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Sunnyvale CA</b>	STATE <b>CA</b>	ZIP CODE <b>94087</b>	No. of Pages <b>1</b>	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<b>11/3/05</b>	<b>SPBOA PO Box 60372 Sunnyvale CA 94088</b>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>(I u kind)</b>	<b>\$2085.33</b> <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		

IND - Individual  
COM - Recipient (other than F Tr or SCC)  
OTH - Other  
PT - Political Party  
SCC - Small Contributor Committee

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

LOCATION: RX TIME 11/04 '05 16:58