

Late Contribution Report

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

CITY OF SUNNYVALE LATE CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF ANTHONY (TONY) STALENI		Date of This Filing 10/25/05	CITY CLERK 2005 OCT 25 CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 650 444 8379	I.D. NUMBER (if applicable) 1271060	Report No. 1	
STREET ADDRESS 913 E. HOMESTEAD Rd		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY SUNNYVALE	STATE CA	ZIP CODE 94087	No. of Pages 1

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
10/25	JOHN R. TRAVIS SARASOTA, CA, 95070	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ALTO VIEW INVESTMENTS	\$2000.00 <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 (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____