

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER <i>Friends of Anthony (Tony) Spitaleri</i>		Date of This Filing <i>10/26/05</i>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>650-444-8379</i>	I.D. NUMBER (if applicable) <i>1271060</i>	Report No. <i>2</i>		
STREET ADDRESS <i>913 E. Homestead Rd</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Sunnyvale</i>	STATE <i>Calif</i>	ZIP CODE <i>94086</i>	No. of Pages <i>1</i>	

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
<i>10/26/05</i>	<i>CA. Prof Firefighters - PAC PO #744058 1780 Creekside Oaks Dr #200 Sacramento, Calif. 95833</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	<i>In kind printing</i>	<i>4216.88</i> <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 - Committee (Contributor must be a PAC or SCC)
OTH - Other

IND - Individual
COM - Small Contributor Committee