497 Contribution Report

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

NAME OF FILER Gustav Larsson for City Council 2013			Date of This Filing	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (408)773-8368	I.D. NUMBER (if applicable 1352961	e)	Report No. 3	E-Filed 10/11/2013 18:53:47	For Official Use Only	
STREET ADDRESS			Amendment to Report No	Filing ID: 146544316		
CITY	STATE	ZIP CODE	(explain below)			
Sunnyvale	CA	94086	No. of Pages2			

1. 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
10/11/2013	Friends of Anthony (Tony) Spitaleri Sunnyvale, CA 94086 Committee ID # 1271060	□ IND		3,888.82
		□ IND □ COM □ OTH □ PTY □ SCC		☐ Check if Loan % Provide interest rate
		□ IND □ COM □ OTH □ PTY □ SCC		☐ Check if Loan % Provide interest rate

*Contributor Codes

IND – Individual

COM - Recipient Committee (other than PTY or SCC)

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OTH – Other (e.g., business entity) PTY – Political Party

SCC – Small Contributor Committee

Reason for Amendment: ____

Additional Commente	ADDITIONAL COMMENTS
Additional Comments Form 497 Contribution Report	CALIFORNIA FORM 497
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NAME OF FILER	I.D. NUMBER
Gustav Larsson for City Council 2013	1352961

In-kind contribution