

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Ghaffary for Sunnyvale City Council			Date of This Filing 11-6-2005	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-718-9142	I.D. NUMBER (if applicable) 1278310		Report No. 5		
STREET ADDRESS 1519 meadowlark Lane			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94087	No. of Pages		

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
11-5-2005	Sunnyvale Public Safety Officers Association 469 E. Evelyn Ave. Sunnyvale, CA 94087 FPPC ID# 990921	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1450.00 (in kind) <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: _____

LOCATION: 4087393697

RX TIME 11/06/05 08:59

11/06/2005 08:13 4087393697

DUSTIN SHAFFARY

PAGE 01

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LATE CONTRIBUTION REPORT

NAME OF FILER Ghaffary for Sunnyvale City Council		Date of This Filing 11-5-2005	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-718-9142	I.D. NUMBER (if applicable) 1278310	Report No. 4		
STREET ADDRESS 1519 Meadowlark Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94087	No. of Pages _____	

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
11-4-2005	Sunnyvale Public Safety Officers Association 499 E. Evelyn Ave. Sunnyvale, CA 94087 FPPC ID# 990921	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2199.24 (in kind) <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

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Reason for Amendment: _____

LOCATION: 4067399897 FAX TIME 11/05 '05 10:37

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Chaffary for Sunnyvale City Council		Date of This Filing 11-4-2005	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-718-9142	I.D. NUMBER (if applicable) 1278310	Report No. 3		
STREET ADDRESS 1519 Meadowlark Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages _____	
CITY Sunnyvale	STATE CA	ZIP CODE 94087		

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
11-3-2005	Sunnyvale Public Safety Officers Association 499 E. Evelyn Ave. Sunnyvale, CA 94087 FPPC ID#990921	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2085.33 <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

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Reason for Amendment: _____

30:61 30, 40:11 FAX TIME 11/04/05 15:08
 LOCATION: 4087880697

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Ghaffary for Sunnyvale City Council		Date of This Filing 11-3-05	CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE 2005 NOV -3 A 11: 38	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-718-9142	I.D. NUMBER (if applicable) 1278310	Report No. 2		
STREET ADDRESS 1519 Meadowlark Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94087	No. of Pages _____	

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
11-02-05	Rostam Pourzal 3800 Powell Lane #204 Falls Church, VA 22041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	\$2000 <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

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LATE CONTRIBUTION REPORT

NAME OF FILER Ghaffary for Sunnyvale City Council		Date of This Filing 10-31-05	Date Stamp OCT 31 2005	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-718-9142	I.D. NUMBER (if applicable) 1278310	Report No. <u>1</u>		
STREET ADDRESS 1519 Meadowlark Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94087	No. of Pages _____	

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10-31-05	FMA Development LLC 4990 Speak Ln., Suite 280 San Jose, CA 95118	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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

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