Desiniant Committee					COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp		orm 460
	Statement covers period	Date of election if applicable:	01/26/2016 22:43:15	Dama	1 of5
	from07/01/2015	(Month, Day, Year)	Filing ID:		For Official Use Only
			158392545) '	or Onicial Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2015				
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 3. Committee Information	Primarily Formed Ballot Measure Committee) Controlled) Sponsored Nso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7) 0. NUMBER 1352961	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Treasurer(s) NAME OF TREASURER Susan Harrison MAILING ADDRESS	,	Quarterly Stat Special Odd-\ Supplemental Statement - At	/ear Report
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Sunnyvale	CA	94087	(408)749-1622
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
Sunnyvale CA 9408	6 (408)773-8368	Gustav Larsson			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	OX	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Sunnyvale	CA	94086	(408)773-8368
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		

Executed on	01/26/2016	By _	Gustav Larsson	
	Date		Signature of Treasurer or Assistant Treasurer	
Executed on	01/26/2016	By _	Gustav Larsson	
	Date	;;;	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	_
Executed on		By _		
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent	_
Executed on		By _		
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent	 FPF

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Gustav Larsson		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION ANI	D DISTRICT NUMBE	R IF APPLICABLE)
City Council Member Seat #1: City of	Sunnyvale	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY	STATE Z

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

Sunnyvale

94086

CA

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (I	NO P.O. BO	K)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS (I	NO P.O. BO	K)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF AN

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

CALIFORNIA

FORM

Page _____ of ____

Campaign Disclosure Statement							SUMMARY PAGE	
Summary Page	Amounts may be rounded to whole dollars.			S	Statem	nent covers period	CALIFORNIA 460	
				from	n	07/01/2015	FORM TOO	
SEE INSTRUCTIONS ON REVERSE				thro	ugh _	12/31/2015	Page3 of5	
NAME OF FILER							I.D. NUMBER	
Gustav Larsson for City Council 2013							1352961	
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE			nmary for Candidates ne State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.0	00			
2. Loans Received Schedule B, Line 3		0.00		34,300.0	00	1/1 t	hrough 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	34,300.0	00	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.0	00	21. Expenditures	·	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	34,300.0	00	Made \$	\$	
Expenditures Made						Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	0.00	\$	50.0	00	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.0	00	22 Cumulativ	ve Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	50.0	00	(If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.0	00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.0	00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0.00	\$	50.0	<u>00</u>	//	\$	
Current Cash Statement						//	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,706.80	Тс	o calculate Column B, a	add			
13. Cash Receipts Column A, Line 3 above		0.00		mounts in Column A to prresponding amounts				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your la	ast	*Amounts in this section r reported in Column B.	nay be different from amounts	
15. Cash Payments Column A, Line 8 above		0.00		port. Some amounts i olumn A may be negat				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,706.80	fig	gures that should be				
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. If this i e first report being file	is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	or this calendar year, o arry over the amounts	only			
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (i ny).	if			
18. Cash Equivalents See instructions on reverse	\$	0.00	a	··y/-				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	34,300.00						
			I				FPPC Form 460 (Jan/2016	

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received	Am	ounts may be ro to whole dolla			Statement covers period from07/01/2015 CALIFORNIA FORM			^{IA} 460
						<u>.</u>		
SEE INSTRUCTIONS ON REVERSE					through <u>12/3</u>	1/2015	Page4	of5
NAME OF FILER							I.D. NUMBER	
Gustav Larsson for City Council 2013							1352961	
Gastav harbson for city council 2015		(a)	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT	AMOUNT PA OR FORGIVE THIS PERIO	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Gustav Larsson Sunnyvale, CA 94086	Software Engineer Ciena Corporation			PAID				CALENDAR YEAR
				\$0.0	<u>0</u> \$ <u>2,000.00</u>	% RATE	\$	\$0.00 PER ELECTION**
		\$2,000.00	\$0.00	\$0.0	0 DATE DUE	\$0.00	12/05/2012 DATE INCURRED	\$
Gustav Larsson Sunnyvale, CA 94086	Software Engineer Ciena Corp			PAID \$ 0.0 FORGIVEN	0 \$	% RATE	\$	CALENDAR YEAR \$0.00 PER ELECTION **
		\$2,000.00	\$0.00	\$0.0	0 DATE DUE	\$0.00	03/19/2013 DATE INCURRED	\$
Gustav Larsson Sunnyvale, CA 94086	Software Engineer Ciena Corp			D PAID				CALENDAR YEAR
Sampvare, en sites				\$0.0	0 \$ 12,000.00	% RATE	\$ 12,000.00	\$0.00 PER ELECTION **
		\$12,000.00	\$0.00	\$0.0	0 DATE DUE	\$0.00	06/17/2013 DATE INCURRED	\$
		SUBTOTALS	0.00	\$ 0.	00\$ 16,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period (Total Column (b) plus unitemized loan				\$	0.00	· _	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that) 	0 paid or forgiven.)			\$	0.00		D – Individual DM – Recipient Co (other than ITH – Other (e.g., IY – Political Party	PTY or SCC) business entity)
3. Net change this period. (Subtract Lin Enter the net here and on the Summa	,			NET \$	0.00 (May be a negative number)	s	CC – Small Contril	outor Committee
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC F	orm 460 (Jan/201

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SCHEDULE B - PART 1 (CONT.)

Schedule B – Part 1 (Continuation Sheet) Amounts may be rounded to whole dollars. Loans Received to whole dollars.				Statement cov	ers period	CALIFORNI FORM	[^] 460	
SEE INSTRUCTIONS ON REVERSE					through12/32	1/2015	Page 5	of5
NAME OF FILER							I.D. NUMBER	
Gustav Larsson for City Council 2013							1352961	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gustav Larsson Sunnyvale, CA 94086	Software Engineer Ciena Corp			PAID 0.00 FORGIVEN	<u> </u>	% RATE	\$ <u>15,000.00</u>	CALENDAR YEAR \$0.00 PER ELECTION**
		\$_15,000.00	\$0.00	\$0.00	DATE DUE	\$0.00	09/26/2013 DATE INCURRED	\$
Gustav Larsson Sunnyvale, CA 94086	Software Engineer Ciena Corp			PAID PAID	<u> </u>	% RATE	\$3,300.00	CALENDAR YEAR \$0.00 PER ELECTION **
		\$3,300.00	\$0.00	\$0.00	DATE DUE	\$0.00	<u>11/06/2013</u> DATE INCURRED	\$
				PAID S FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID S FORGIVEN	_ \$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	6 0.0	00 \$ 18,300.00	\$ 0.00		

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.