497 Contribution Report

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

497 CONTRIBUTION REPORT

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NAME OF FILER Gustav Larsson for City Council 2013				Date of This Filing 09/27/2013 Date Stamp CALIFORNIA FORM 497			
	CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Report No. 1			For Official Use Only	
(408) 773-8368 STREET ADDRESS	t man a statement species of the second distribution of the SECTION and pure configures deliterate to the confi	1352961		Landson granter.	10 mg 12 mg	U SEP 27 2013	
STREET ADURESS				Amendment to Report No.			
CITY	STATE ZIP CODE		(explain below)		CITY OF SUN, (M)		
Sunnyvale	e CA 94086			No. of Pages 1			
1. Contributio	on(s) Received						
DATE RECEIVED	FULL NAM	IE, STREET ADDRESS AN	ND ZIP CODE OF CONTRIBUT	ror	CONTRIBUTOR CODE *	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED FNTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/28/2013	Gustav Larsson Sunnyvale, CA 94086				[x] IND	Software Engineer Ciena Corp	15,000.00
					COM DOTH SCC		Check if Loan
					IND COM OTH PTY SCC		Check if Loan Rrowde interest rate
					IND COM OTH PTY SCC		Check if Loan Check if Loan Provide interest rate
Reason for Amen	dment:					*Contributor Codes IND – Individual COM – Recipient Committee (otl OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)