

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER TARA MARTIN - MILIUS FOR SUNNYVALE CITY COUNCIL, 2016 SEAT #7		Date of This Filing 08/23/16	RECEIVED AUG 23 2016 CITY CLERK'S OFFICE CITY OF SUNNYVALE
AREA CODE/PHONE NUMBER 408-733-5778	I.D. NUMBER (if applicable) 1338965	Report No. _____	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY SUNNYVALE, CA	STATE CA	ZIP CODE 94085	No. of Pages 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
8/22/2016	SUNPAC, FPPC # 1245924 SUNNYVALE, CA 94089	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

Reason for Amendment: _____

****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