497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER GUNAWAN ALI-SANTOSA (ALISANTOSA FOR CITY COUNCIL 2016)	Date of This Filing 09-13-2016	Date Stamp City Clerk's Office SEP 13 2016 RECEIVED	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 408-263-4638 / I.D. NUMBER (if applicable) 1385617	Report No. 0001		For Official Use Only
STREET ADDRESS 2290 GLENVIEW DR.	☐ Amendment to Report No. _____ (explain below)		
CITY MILPITAS / STATE CA / ZIP CODE 95035	No. of Pages 1		

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
09-13-2016	GUNAWAN ALI-SANTOSA 2290 GLENVIEW DR. MILPITAS, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SENIOR PRODUCT MANAGER SUPERMICRO COMPUTER	4,500.00 ☑ Check if Loan 0 % Provide interest rate
		☐ 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)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment: _____