

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ibrahim Bashir for Los Altos City Council 2024		Date of This Filing 8/11/2024	Date Stamp CITY CLERK'S OFFICE AUG 11 2024 CITY OF LOS ALTOS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510-754-3251 - Treasurer, Sean Manalo	I.D. NUMBER (if applicable) 1468809	Report No. IB497-0001		
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Altos	STATE CA	ZIP CODE 94022	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
8/10/2024	Omar Tawakol 1666 Kensington Avenue Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO, Rembrand	2500 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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

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NAME OF FILER Ibrahim Bashir for Los Altos City Council 2024		Date of This Filing 9.8.2024	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only <div style="color: blue; font-size: 1.2em; font-weight: bold; margin-top: 10px;">CITY CLERK'S OFFICE</div> <div style="color: red; font-weight: bold; margin-top: 10px;">SEP 09 2024</div>
AREA CODE/PHONE NUMBER 510-754-3251 - Treasurer	I.D. NUMBER (if applicable) 1468809	Report No. IB497-00002	
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	
CITY Los Altos	STATE CA	ZIP CODE 94022	

1. Contribution(s) Received

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9.8.2024	Mossaab Bagdouri 1519 Meadowlark Lane Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Data Scientist, Walmart Global Tech	1000 <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

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NAME OF FILER Ibrahim Bashir for Los Altos City Council 2024		Date of This Filing 9.13.2024	Date Stamp CITY CLERK'S OFFICE SEP 13 2024	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 510-754-3251 - Treasurer	I.D. NUMBER (if applicable) 1468809	Report No. IB497-00006		
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Altos	STATE CA	ZIP CODE 94022	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
9.12.2024	Syed Qadri 2452 Diane Marie Way Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Nvidia	2250 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9.12.2024	Roeda Khalil 4530 N Lindhurst Dallas, TX 75229 *** \$500 Donation on 9/10 and \$500 Donation on 9/12	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None, None	1000 <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

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NAME OF FILER Ibrahim Bashir for Los Altos City Council 2024		Date of This Filing 9.14.2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5107543251 - Treasurer	I.D. NUMBER (if applicable) 1468809	Report No. IRB24-0007	SEP 14 2024	
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY CLERK'S OFFICE CITY OF LOS ALTOS	
CITY Los Altos	STATE CA			

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
9.13.2024	Zaheed Kajani 5895 Annandale Way Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker, Evercore	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9.13.2024	Syed Zaidi 39972 East Las Palmas Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Head of QA and RA Istafanz Consulting	2750 <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

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NAME OF FILER Ibrahim Bashir for Los Altos City Council 2024		Date of This Filing 9.14.2024	Date Stamp SEP 16 2024	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 5107543251 - Treasurer	I.D. NUMBER (if applicable) 1468809	Report No. IRB24-0007		
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY OF LOS ALTOS	
CITY Los Altos	STATE CA	ZIP CODE 94022		

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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
9.13.2024	Zaheed Kajani 5895 Annandale Way Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker, Evercore	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9.13.2024	Syed Zaidi 39972 East Las Palmas Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Head of QA and RA Istafanz Consulting	2750 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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NAME OF FILER Ibrahim Bashir for Los Altos City Council 2024		Date of This Filing 9.18.2024	Date Stamp	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 510-754-3251	I.D. NUMBER (if applicable) 1468809	Report No. IB497-00008		
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Los Altos	STATE CA	ZIP CODE 94022	No. of Pages 1	

CITY CLERK'S OFFICE

SEP 18 2024

CITY OF LOS ALTOS

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
9.17.2024	Shaoib Sultan 225 Glory Lily Ct San Ramon, CA 94582 ***\$250 on 4/26/2024, \$1000 on 9/17	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None, None	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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NAME OF FILER Ibrahim Bashir for Los Altos City Council		Date of This Filing 9.23.2024	CITY CLERK'S OFFICE SEP 23 2024 CITY OF LOS ALTOS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 5107543251- Treasurer	I.D. NUMBER (if applicable) 1468809	Report No. IB497-00009		
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Altos	STATE CA	ZIP CODE 94022	No. of Pages 1	

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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
9.22.2024	Mohannad Malas 35191 Bluff Drive Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Dana Investment Co.	1250 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9.22.2024	Omar Alwarid 14940 Blossom Hill Rd Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Director, Apple	1000 <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

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NAME OF FILER Ibrahim Bashir for Los Altos City Council			Date of This Filing 10.1.2024		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510-754-3251 - Treasurer	I.D. NUMBER (if applicable) 1468809		Report No. IB497-0010		
STREET ADDRESS 571 Gabilan Street			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Altos	STATE CA	ZIP CODE 94022	No. of Pages _____		

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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
9.30.2024	Umair Khan 1544 Dana Avenue Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman, Folio 3	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
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CITY CLERK'S OFFICE

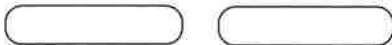
NAME OF FILER Ibrahim Bashir for Los Altos City Council		Date of This Filing 10.11.2024	Date Stamp OCT 11 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510-754-3251 - Treasurer	I.D. NUMBER (if applicable) 1468809	Report No. IB497-0011		
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY OF LOS ALTOS	
CITY Los Altos	STATE CA	ZIP CODE 94022		

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10.10.2024	Shafath Syed 1543 Kennewick Drive Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Product Management Barnes and Noble	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10.10.2024	Saheer Siddiquee 1049 Payette Avenue Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Compensation Director, SanDisk Inc.	1000 <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

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AREA CODE/PHONE NUMBER 510-754-3251:Treasurer	I.D. NUMBER (if applicable) 1468809		Report No. <u>IB497-0012</u>	CITY CLERK'S OFFICE OCT 21, 2024 RECEIVED	
STREET ADDRESS 571 Gabilan Street			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Altos	STATE CA	ZIP CODE 94022	No. of Pages _____		

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10.20.2024	Raazi Imam 972 Saint Joseph ave Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Consultant, Sia Partners	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10.20.2024	Mozaam Chaudhry 1505 Grant Rd Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Product Engineer, Google	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
10.20.2024	Ali Khan 46147 Raindance Road Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None, None	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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AREA CODE/PHONE NUMBER 510-754-3251:Treasurer	I.D. NUMBER (if applicable) 1468809		Report No. <u>IB497-0012</u>	CITY CLERK'S OFFICE OCT 21 2024 RECEIVED	
STREET ADDRESS 571 Gabilan Street			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
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10.20.2024	Saad Khanani 1087 West Washington Avenue Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer, L&W	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
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AREA CODE/PHONE NUMBER 510-754-3251 - Treasurer	I.D. NUMBER (if applicable) 1468809	Report No. IB497-00013	CITY CLERK'S OFFICE OCT 23 2024 RECEIVED	
STREET ADDRESS 571 Gabilan Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages _____	
CITY Los Altos	STATE CA	ZIP CODE 94022		

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10.22.2024	Habiba Sarmad 899 Madonna Way Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None, None	1000 <input checked="" type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
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