

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Larry Lang for Los Altos City Council 2024		Date of This Filing 10/03/2024 01:50	Date Stamp CITY CLERK'S OFFICE OCT 03 2024 CITY OF LOS ALTOS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (650) 229-3626	I.D. NUMBER (if applicable) 1469176	Report No. 226		
STREET ADDRESS 4546 El Camino Real B10 #757		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY STATE ZIP CODE Los Altos, CA 94022		No. of Pages 3		

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
2024-08-27	Larry Lang 4546 El Camino Real B10 #757 Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	10.22 <input type="checkbox"/> Check if Loan _____ % Provide Interest Rate
2024-09-24	Larry Lang 4546 El Camino Real B10 #757 Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	14.60 <input type="checkbox"/> Check if Loan _____ % Provide Interest Rate
2024-10-03	Larry Lang 4546 El Camino Real B10 #757 Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	20,000.00 <input checked="" type="checkbox"/> Check if Loan 0 % 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

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NAME OF FILER Larry Lang for Los Altos City Council 2024		Date of This Filing 10/03/2024 01:50	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (650) 229-3626	I.D. NUMBER (if applicable) 1469176	Report No. _____		
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CITY Los Altos, CA 94022	STATE	ZIP CODE	No. of Pages 3	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____

FORM	REFERENCE	NOTES
CA 497	TEXT -258	Contribution in the form of a Loan Received. Interest on Loan is: 0