

Candidate Intention Statement

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Date Stamp
APR 29 2024
CITY OF LOS ALTOS

CALIFORNIA FORM 501
For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Lang, Lawrence J. (Larry)
DAYTIME TELEPHONE NUMBER ( 408 ) 219-1276
FAX NUMBER (optional) ( )
EMAIL (optional) llang@losaltoslarry.org
STREET ADDRESS 100 University Avenue
CITY Los Altos STATE CA ZIP CODE 94022
OFFICE SOUGHT (POSITION TITLE) City Council
AGENCY NAME
DISTRICT NUMBER, if applicable.
[ ] NON-PARTISAN OFFICE
OFFICE JURISDICTION (Check one box, if applicable.)
[ ] State (Complete Part 2.)
[ ] County
[ ] Multi-County: Los Altos (Name of Multi-County Jurisdiction)
2024 (Year of Election)
[ ] PRIMARY / GENERAL
[ ] SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

- [ ] I accept the voluntary expenditure ceiling for the election stated above.
[ ] I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

[ ] I did not exceed the expenditure ceiling in the primary or special election held on \_\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

[ ] On \_\_\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 29 April 2024 (month, day, year)

Signature [Handwritten Signature] (Candidate)