

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Reelect Sally Meadows for Los Altos City Council 2024		Date of This Filing 9/3/2024	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 <small>For Official Use Only</small> CITY CLERK'S OFFICE SEP 03 2024 CITY OF LOS ALTOS </div>
AREA CODE/PHONE NUMBER 650-426-8168	I.D. NUMBER (if applicable) 1469417	Report No. 2	
STREET ADDRESS 910 Oxford Drive		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY Los Altos	STATE CA	ZIP CODE 94024	
		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
9/2/2024	Samuel Harding, 22 Doud Drive, 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	retired	\$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

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 Reelect Sally Meadows for Los Altos City Council 2024		Date of This Filing 9/3/2024	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>Date Stamp</p> <p>CITY OF LOS ALTOS</p> </div> <div style="text-align: center;"> <p>CALIFORNIA FORM 497</p> <p><small>For Official Use Only</small></p> <p>SEP 03 2024</p> <p>CITY OF LOS ALTOS</p> </div> </div>
AREA CODE/PHONE NUMBER 650-426-8168	I.D. NUMBER (if applicable) 1469417	Report No. 1	
STREET ADDRESS 910 Oxford Drive		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages 1	
CITY Los Altos	STATE CA	ZIP CODE 94024	

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
9/3/2024	Alexander Atkins, 3790 El Camino Real Ste 346, Palo Alto, CA 94306	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed, Alexander Atkins Design Inc.	\$1,600 <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 Reelect Sally Meadows for Los Altos City Council 2024		Date of This Filing 10/8/2024	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 650-426-8168	I.D. NUMBER (if applicable) 1469417	Report No. 4	CITY CLERK'S OFFICE	
STREET ADDRESS 910 Oxford Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCTOBER 8, 2024	
CITY Los Altos	STATE CA	ZIP CODE 94024	No. of Pages 1	For Official Use Only
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
10/8/024	David Rock, 150 University Ave, 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	Retired	1000.00 <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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