

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Re-Elect Jonathan Weinberg to the Los Altos City Council - 2024		Date of This Filing Sept. 20, 2024	Date Stamp SEP 20 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510-512-0929	I.D. NUMBER (if applicable) 1469570	Report No. 1		
STREET ADDRESS P.O. Box 53, 221 Main Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Altos	STATE CA	ZIP CODE 94022	No. of Pages 1	

CITY CLERK'S OFFICE

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
Sept. 20, 2024	Finkelstein & Fujii, LLP 1528 S. El Camino Real, Ste. 306 San Mateo, California 94402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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>

* 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: _____

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NAME OF FILER Re-Elect Jonathan Weinberg to the Los Altos City Council 2024			Date of This Filing Oct. 8, 2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510-512-0929	I.D. NUMBER (if applicable) 1469570		Report No. 1	CITY CLERK'S OFFICE OCT 8 2024 RECEIVED	
STREET ADDRESS Post Office Box 53			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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Oct. 8, 2024	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	Real estate - property mngmnt. Bay Area Property Management Inc.	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
Oct. 8, 2024	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	Real estate - property mngmnt. Bay Area Property Management Inc.	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
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