

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp  
**RECEIVED**  
JAN 22 2020

CALIFORNIA FORM **460**  
Page 1 of 7  
For Official Use Only

Statement covers period  
from 1/1/2020  
through 1/18/2020

Date of election if applicable:  
(Month, Day, Year)  
03/03/2020

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:** TOWN CLERK TOWN OF TIBURON

Pre-election Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
n/a **PENDING**

**Treasurer(s)**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Daniel Amir for Tiburon Town Council 2020

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tiburon CA 94920 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER  
Niran Amir

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tiburon CA 94920 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/20/20  
Date

Executed on 1/20/20  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/2020</u> through <u>1/18/2020</u>	CALIFORNIA FORM <b>460</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER n/a

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Daniel Amnr for Tiburon Town Council 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 1516	1516
2. Loans Received.....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 1516	1516
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 1516	1516

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

20. Contributions Received	1/1 through 6/30	7/1 to Date
Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

6. Payments Made.....	Schedule E, Line 4 73.38	\$ _____	73.38
7. Loans Made.....	Schedule H, Line 3 0	\$ _____	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 73.38	\$ _____	73.38
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	\$ _____	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	\$ _____	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 73.38	\$ _____	73.38

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

**Current Cash Statement**

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ _____	432.84
13. Cash Receipts.....	Column A, Line 3 above	1516	1516
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0	0
15. Cash Payments.....	Column A, Line 8 above	73.38	73.38
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	1875.46	1875.46

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ _____	0
18. Cash Equivalents.....	See instructions on reverse	\$ _____	0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ _____	500

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 1/1/2020  
through 1/18/2020

Page 4 of 7

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Daniel Amir for Tiburon Town Council 2020

I.D. NUMBER  
n/a

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/7/20	Elan Amir [REDACTED], San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	technology executive MeasureOne	100	100	
1/7/20	Amos Baruch [REDACTED], San Francisco CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biotech scientist Calico Life Sciences	100	100	
1/7/20	Alex Bernstein [REDACTED], San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	investor Kingfisher Investment Advisors	100	100	
1/9/20	Adrea Goldberg [REDACTED], Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	real estate lender Golden Gate Lending Group	118	118	
1/9/20	Yaron Lipshitz [REDACTED], Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	technology executive AllSeated	100	100	
<b>SUBTOTAL \$</b>				518		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1118
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 398
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1516

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 1/1/2020  
through 1/18/2020

CALIFORNIA  
FORM **460**

Page 5 of 7

NAME OF FILER: Daniel Amir for Tiburon Town Council 2020  
I.D. NUMBER: n/a

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/13/20	Sander Stadler Fairfax CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	
1/13/20	Lawrence Yermack San Rafael CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed transit consultant	100	100	
1/13/20	Michelle Zeditz Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	not employed	100	100	
1/13/20	Laura Smith Tiburon CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	not employed	200	200	
1/15/20	Bart Schacrier San Francisco CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Wheelhouse Partners	100	100	
<b>SUBTOTAL \$</b>				600		

\*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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 1/1/2020  
through 1/18/2020

Page 6 of 7  
I.D. NUMBER  
n/a

Daniel Amir for Tiburon Town Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE  
OF LENDER  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Daniel Amir  
Tiburon, CA 94920

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

finance director  
HP, Inc.

	† IND	COM	OTH	PTY	SCC	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR	CALENDAR YEAR
	<input checked="" type="checkbox"/>					\$ 500	\$ 0	\$ 0	12/31/2020	0 %	\$ 500	12/9/2019	0
	<input type="checkbox"/>					\$	\$	\$		%			
	<input type="checkbox"/>					\$	\$	\$		%			
<b>SUBTOTALS</b>						\$	\$	\$					

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period: (Subtract Line 2 from Line 1.) ..... NET \$ 0  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

