

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Noah Griffin for Tiburon Town Council 2021		Date of This Filing 09/21/2021		Date Stamp RECEIVED SEP 21 2021 TOWN MANAGERS OFFICE TOWN OF TIBURON		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER (415) 884-5500		I.D. NUMBER (if applicable) 1439748		Report No. 210921-1			
STREET ADDRESS 20 Galli Drive STE A		STATE CA		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Novato		ZIP CODE 94949-5731		No. of Pages 1			

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
09/19/2021	Cheryl Caspi Belvedere, CA 94920 <small>In kind contribution</small>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder CEO Lovely Lady Products	1,585.00 <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 _____%

*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: _____