

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Noah Griffin for Tiburon Town Council 2021	Date Stamp RECEIVED SEP 28 2021 TOWN MANAGERS OFFICE TOWN OF TIBURON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415) 884-5500	Date of This Filing 09/27/2021	
I.D. NUMBER (if applicable) 1439748	Report No. 210924-2	
STREET ADDRESS 20 Galli Drive STE A	<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Novato	No. of Pages 1	
STATE CA	ZIP CODE 94949-5731	

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
09/24/2021	E J Heinzer ██████████ Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	2,500.00 <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 %
		<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: _____