

497 Contribution Report

Amounts may be rounded to whole dollars. ²⁰²⁰

NAME OF FILER HOLLY TRAPER FOR TIBURON TOWN		Date of This Filing 8/28/24	RECEIVED SEP 5 2024 TOWN CLERK TOWN OF TIBURON	CALIFORNIA FORM 497 For Official Use Only
I.D. NUMBER (if applicable) 13982/9		Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY TIBURON CA	STATE CA			

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
8/1/24	MARIN PROFESSIONAL FIREFIGHTERS ASSOCIATION COMMITTEE [REDACTED] SEASIDE CA 95814	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	2D# 930791	\$3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/2/24	JOHN MORRIS [REDACTED] MILL VALLEY CA 94001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF GROWTH OFFICER AT VENTURES	\$2,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/2/24	CALEB RECORDS RECORDS PROPERTIES LLC [REDACTED] TIBURON, CA 94920	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER RECORDS PROPERTIES LLC	\$2,000 <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