

# 497 Contribution Report

Amounts may be rounded to whole dollars.

P 1 of 2

NAME OF FILER MOLLIE THOMPSON TIBURON TOWN CLERK	Date of This Filing 9/1/24	<b>RECEIVED</b>  SEP 1 6 2024  TOWN CLERK TOWN OF TIBURON	<b>CALIFORNIA</b> FCIRM <b>497</b>  For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 98-1398219		
STREET ADDRESS [REDACTED]	CITY STATE ZIP CODE TIBURON CA 94920		
Report No. 3			
<input type="checkbox"/> Amendment to Report No. (explain below)			
No. of Pages 2			

## 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
9/1/24	TRACY DOWNS [REDACTED] TIBURON, CA 94920	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DR. KAPLAN	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
9/1/24	VA CORCORAN SR LOAN FUND [REDACTED] SCCA 94907 - 288 26875	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
9/8/24	SJOUVE SHAH [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	RETIRED	1,000.00 <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

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#312

NAME OF FILER <i>Holly Thun for TBWV</i>		Date of This Filing <i>5/20/20</i>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>1398219</i>	Report No. <i>3</i>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <i>TORONTO, CA</i>	STATE <i>CA</i>	ZIP CODE <i>94022</i>	No. of Pages	

## 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
<i>5/19/20</i>	<i>Jennifer Beazle</i> [REDACTED] <i>SP: CA 94022</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Attorney, PWC</i>	<i>\$1,000.00</i> <input type="checkbox"/> Check if Loan _____% Provide Interest rate
<i>10/12/19</i>	<i>VA Local 38 Conf Fund</i> [REDACTED] <i>SP: CA 94022</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$2,500</i> <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

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