

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Holly Tully for Tiburon Town

I.D. NUMBER (if applicable): 1308019

STREET ADDRESS: [REDACTED]

CITY: TIBURON STATE: CA ZIP CODE: 94920

Date of This Filing: 9/17/2024

Report No.: 4

Amendment to Report No. _____ (explain below)

No. of Pages: _____

Date Stamp: **RECEIVED**
SEP 17 2024

TOWN CLERK
TOWN OF TIBURON

CALIFORNIA FORM 497

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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
<u>9/17/24</u>	<u>Car Resano</u> [REDACTED] <u>TIBURON, CA 94920</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>EMER ENGINEER</u> <u>Red Bull</u>	<u>\$5500</u> <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: _____