

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Holly Thorne Town Manager</i>	Date of This Filing <i>8/20/24</i>	Date Stamp RECEIVED SEP 30 2024 TOWN MANAGERS OFFICE TOWN OF TIBURON	CALIFORNIA FORM 497 For Official Use Only
I.D. NUMBER (if applicable) [REDACTED] <i>1398219</i>	Report No. <i>5</i>		
STREET ADDRESS [REDACTED]	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE <i>TIBURON CA 94920</i>	No. of Pages <i>1</i>		

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>8/20/24</i>	<i>THEATRE COOP SPACE INCORPORATED</i> <i>10200 16th ST SE</i> [REDACTED] <i>APT # 1302</i> <i>SPCA 94919</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$5000</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>8/20/24</i>	<i>ANNE FARFANO</i> [REDACTED] <i>SPCA 94919</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retire State of CA</i> <i>SPCA 94919</i>	<i>\$5000</i> <input checked="" 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: _____