

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: HOLLER TRER FOR TIBURON *NEW COLLECT ZONE*

AREA CODE (PHONE NUMBER): [REDACTED] I.D. NUMBER (if applicable): 1308217

STREET ADDRESS: [REDACTED]

CITY: TIBURON STATE: CA ZIP CODE: 94020

Date of This Filing: 10/10/24

Report No.: 9

Amendment to Report No. _____ (explain below)

No. of Pages: 1

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TOWN OF TIBURON

CALIFORNIA FORM **497**
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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/10/24	NORTHEAST CA REGIONAL COUNCIL POWER PAC NCCRC SC ID # 92100		\$1,000.00	
10/10/24	ATU COPE VOLUNTEER ASSN [REDACTED] SILVER SPRING, MD 20903		\$1,000.00	
10/10/24	CALIFORNIA CONFERENCE BOARD ATU SC SCC ID # 761357		\$1,000	

Reason for Amendment: _____