497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER			Date of This Filing	10/16/24	Date Stamp	**CALIFORNIA FORM 497**
Hornbrook 4 Tiburon Town Council 2024					RECEIVED	
AREA CODE/PHONE NUMBER ▇	I.D. NUMBER (if applicable) 1473357		Report No. 3		OCT 1 6 2024	For Official Use Only
STREET ADDRESS ▇			☐ Amendment to Report No. _____ (explain below)			
CITY Tiburon	STATE CA	ZIP CODE 94920	No. of Pages 1		TOWN CLERK TOWN OF TIBURON	

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
10/15/2024	SAMS MAIN STREET LLC ▇ Tiburon 94920	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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