497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Reelect Them to Tiburon Town [illegible]

AREA CODE/PHONE NUMBER [redacted]

I.D. NUMBER *(if applicable)* 13 [illegible] 8019

STREET ADDRESS [redacted]

CITY Tiburon **STATE** CA **ZIP CODE** 94920

Date of This Filing 10/15/24

Report No. 70

☐ Amendment to Report No. _____
(explain below)

No. of Pages _____

RECEIVED

Date Stamp

OCT 1 6 2024

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
10/16/24	National Union of Healthcare [illegible] Candidate committee to [illegible] [illegible] Cal + [illegible] # 1315200 [illegible]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	N/A	$3,000.00 ☐ 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