

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Walter Taylor for Tiburon

I.D. NUMBER (if applicable): 1385NA

CITY: TIBURON CA STATE: CA ZIP CODE: 94920

Date of This Filing: 10/22/24

Report No.: 11

Amendment to Report No. _____ (explain below)

No. of Pages: 1

RECEIVED
Date Stamp: **OCT 22 2024**

CALIFORNIA FORM 497
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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
<u>10/22/24</u>	<u>Walter Taylor for Tiburon</u> <u>AFC-CFO for Tiburon</u> [Redacted]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>FAC</u> <u>Tiburon</u>	<u>1500</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

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