

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Holli Thier for Tiburon Town Council 2024		Date of This Filing 08/28/2025	Date Stamp	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 For Official Use Only </div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1398219	Report No. 3	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUGUST 28, 2025 TOWN CLERK TOWN OF TIBURON </div>	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 3 (explain below)		
CITY Tiburon	STATE CA	ZIP CODE 94920	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/12/2024	Jennifer George [REDACTED] San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney PWC	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/06/2024	Tracy Jonelis [REDACTED] Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician TPMG	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/08/2024	Sylvia Singh [REDACTED] Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,000.00 <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: Update Contribution Information

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AREA CODE/PHONE NUMBER (415)407-4843	I.D. NUMBER (if applicable) 1398219	Report No. 3		
STREET ADDRESS 6 Beach Road, #643		<input checked="" type="checkbox"/> Amendment to Report No. 3 (explain below)		
CITY Tiburon	STATE CA	ZIP CODE 94920	No. of Pages 2	

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/12/2024	UA Local 38 Plumbing and Pipefitting [REDACTED] San Francisco, CA 94103 Committee ID # 746875	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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
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