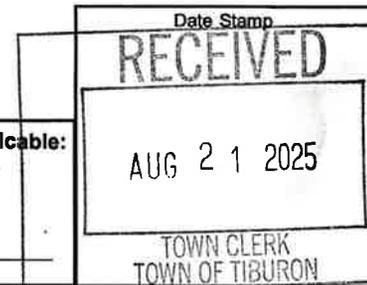


**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)



Statement covers period  
from 07/01/2024  
through 09/21/2024

Date of election if applicable:  
(Month, Day, Year)

Page 1 of 20  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

Update Summary Page, Schedule A, Schedule C, Schedule E, Schedule F and Schedule G

**3. Committee Information**

I.D. NUMBER  
1398219

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Holli Thier for Tiburon Town Council 2024

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tiburon CA 94920 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tiburon CA 94920 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Jerry Reissen

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tiburon CA 94920 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
Holli Thier

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Tiburon CA 94920 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/19/2025  
Date

Executed on 8/19/2025  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature

By \_\_\_\_\_  
Signature

By \_\_\_\_\_  
Signature

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Holli Thier

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Town Council City of Tiburon

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Tiburon CA 94920

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|   |  |
|---|--|
| COMMITTEE NAME<br>Holli Thier for Assembly 2026 | I.D. NUMBER<br>1480282   |
| NAME OF TREASURER<br>Holli Thier                | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS<br>[REDACTED]                 | STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]   |
| CITY<br>Sacramento                              | STATE<br>CA  |
| ZIP CODE<br>95815                               | AREA CODE/PHONE<br>[REDACTED]  |
| COMMITTEE NAME                                  | I.D. NUMBER  |
| NAME OF TREASURER                               | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| COMMITTEE ADDRESS                               | STREET ADDRESS (NO P.O. BOX)   |
| CITY  | STATE  |
| ZIP CODE  | AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 |            | Page <u>3</u> of <u>20</u>     |
|                         |            | I.D. NUMBER<br>1398219         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holli Thier for Tiburon Town Council 2024

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 46,875.00   | \$ 46,875.00                               |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 46,875.00   | \$ 46,875.00                               |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 2,575.00   | 2,575.00                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 49,450.00   | \$ 49,450.00                               |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

## Expenditures Made

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 1,825.21  | \$ 1,825.21                                |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 1,825.21  | \$ 1,825.21                                |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 506.95   | 506.95                                     |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 2,575.00   | 2,575.00                                   |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 4,907.16  | \$ 4,907.16                                |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|   |              |
|---|--------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 6,625.76  |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 46,875.00    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00         |
| 15. Cash Payments ..... Column A, Line 8 above                              | 1,825.21     |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 51,675.55 |
| <i>If this is a termination statement, Line 16 must be zero.</i>            |              |
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2                       | \$ 0.00      |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

## Cash Equivalents and Outstanding Debts

|   |           |
|---|-----------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00   |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 506.95 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                      | 07/01/2024 |                                |
| through                                   | 09/21/2024 | Page <u>4</u> of <u>20</u>     |
| NAME OF FILER                             |            | I.D. NUMBER                    |
| Holli Thier for Tiburon Town Council 2024 |            | 1398219                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holli Thier for Tiburon Town Council 2024

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 08/31/2024         | Ben Abta<br>[REDACTED]<br>Ross, CA 94957  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate<br>Polaris   | 100.00                      | 100.00  | G2024 \$100.00                     |
| 08/31/2024         | ACV Argo Tiburon, LP<br>[REDACTED]<br>Sonoma, CA 95476  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,500.00                    | 5,500.00  | G2024 \$5,500.00                   |
| 09/04/2024         | Crystal Azzarello<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Restaurateur<br>Luna Blu & Tiburon Tavern  | 250.00                      | 250.00  | G2024 \$250.00                     |
| 09/05/2024         | Ann Baer<br>[REDACTED]<br>Lafayette, CA 94549   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/12/2024         | Building Trades Council Let's Build<br>Responsibly PAC (ID# 900667)<br>[REDACTED]<br>Santa Rosa, CA 95403 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  | G2024 \$250.00                     |
| <b>SUBTOTAL \$</b> |   |   |  | 6,200.00                    |   |                                    |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 46,168.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 707.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 46,875.00

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page <u>5</u> of <u>20</u>     |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/08/2024         | Laura Chariton<br>Mill Valley, CA 94941  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/07/2024         | Gina Cioffi Drexel<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Gina Cioffi Drexel   | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/07/2024         | Damon Connolly<br>San Rafael, CA 94903   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Assemblymember<br>CA State Assembly  | 500.00                      | 500.00  | G2024 \$500.00                     |
| 09/02/2024         | Dorene Curtis<br>Tiburon, CA 94920   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/07/2024         | Scott Drexel<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Scot Drexel  | 100.00                      | 100.00  | G2024 \$100.00                     |
| <b>SUBTOTAL \$</b> |  |   |  | 900.00                      |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page <u>6</u> of <u>20</u>     |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/12/2024         | Pat Eklund<br>Novato, CA 94949  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 200.00                      | 200.00   | G2024 \$200.00                        |
| 09/04/2024         | Pamela Evelyn Sieck<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Community Programs<br>Coordinator<br>SF Ballet  | 100.00                      | 2,100.00   | G2024 \$2,100.00                      |
| 09/21/2024         | Andre Ferrigno<br>San Francisco, CA 94109   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate<br>SF Property Group Inc.   | 5,500.00                    | 5,500.00   | G2024 \$5,500.00                      |
| 09/09/2024         | Victoria Fleming<br>Santa Rosa, CA 95404  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Non Profit Director<br>Emerge California  | 100.00                      | 100.00   | G2024 \$100.00                        |
| 08/31/2024         | Lance Fulford<br>Sonoma, CA 94127   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Agent<br>Compass  | 100.00                      | 100.00   | G2024 \$100.00                        |
| <b>SUBTOTAL \$</b> |   |   |   | 6,000.00                    |  |                                       |

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2024 |                            |
| through                 | 09/21/2024 | Page <u>7</u> of <u>20</u> |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/12/2024         | Jennifer George<br>[REDACTED]<br>San Francisco, CA 94127                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>PWC  | 1,000.00                    | 1,000.00  | G2024 \$1,000.00                   |
| 08/04/2024         | Gerard Giudice<br>[REDACTED]<br>Rohnert Park, CA 94928                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Sally Tomatoes  | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/17/2024         | Keith Goodman<br>[REDACTED]<br>San Francisco, CA 94109                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Investor<br>Keith Goodman  | 5,500.00                    | 5,500.00  | G2024 \$5,500.00                   |
| 09/04/2024         | Joan Green<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 200.00                      | 200.00  | G2024 \$200.00                     |
| 08/16/2024         | Cathryn Hilliard<br>[REDACTED]<br>Mill Valley, CA 94941-3753                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 100.00                      | 100.00  | G2024 \$100.00                     |
| <b>SUBTOTAL \$</b> |  |   |  | 6,900.00                    |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page 8 of 20                   |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/18/2024         | John Hoffman<br>[REDACTED]<br>Mill Valley, CA 94941   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chief Growth Officer<br>AC Ventures   | 2,000.00                    | 2,000.00   | G2024 \$2,000.00                      |
| 09/02/2024         | Julie Jacobs<br>[REDACTED]<br>Tiburon, CA 94920   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00   | G2024 \$100.00                        |
| 09/06/2024         | Tracy Jonelis<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>TPMG   | 1,000.00                    | 1,000.00   | G2024 \$1,000.00                      |
| 08/28/2024         | Ruben Kalra<br>[REDACTED]<br>Belvedere, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Diversifier<br>Ruben Kalra  | 500.00                      | 500.00   | G2024 \$500.00                        |
| 09/07/2024         | Rose Kapolczynski<br>[REDACTED]<br>Los Angeles, CA 90041  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Rose Kapolczynski<br>Consulting   | 250.00                      | 250.00   | G2024 \$250.00                        |
| <b>SUBTOTAL \$</b> |   |   |   | 3,850.00                    |  |                                       |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page <u>9</u> of <u>20</u>     |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 09/08/2024         | Paul Kelly<br>[REDACTED]<br>San Francisco, CA 94104   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Paul Kelly   | 250.00                      | 250.00  | G2024 \$250.00                     |
| 09/04/2024         | Carol Korenbrot<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 250.00                      | 250.00  | G2024 \$250.00                     |
| 08/19/2024         | Marin Professional Firefighters Political Action Committee (ID# 930791)<br>[REDACTED]<br>Sacramento, CA 95814 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 3,000.00                    | 3,500.00  | G2024 \$3,500.00                   |
| 09/05/2024         | Crystal Martinez<br>[REDACTED]<br>San Rafael, CA 94903  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Board Aide<br>County of Marin  | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/03/2024         | Angela McInerney<br>[REDACTED]<br>Tiburon, CA 94920   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager<br>Angela McInerney  | 500.00                      | 500.00  | G2024 \$500.00                     |
| <b>SUBTOTAL \$</b> |   |   |  | 4,100.00                    |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2024 |                            |
| through                 | 09/21/2024 | Page 10 of 20              |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 08/20/2024         | Mark Milberg<br>[REDACTED]<br>Novato, CA 94949-6151  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Biotech Sr. Director<br>Ultragenyx   | 100.00                      | 200.00  | G2024 \$200.00                     |
| 09/04/2024         | Mark Milberg<br>[REDACTED]<br>Novato, CA 94949-6151  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Biotech Sr. Director<br>Ultragenyx   | 100.00                      | 200.00  | G2024 \$200.00                     |
| 08/28/2024         | Sally Newson<br>[REDACTED]<br>Belvedere Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Director<br>Karma Club Teen  | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/18/2024         | North Bay Labor Council AFL-CIO COPE (ID# 744444)<br>[REDACTED]<br>Santa Rosa, CA 95405          | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 1,000.00  | G2024 \$1,000.00                   |
| 09/10/2024         | Northern California District Council ILWU (ID# 1448369)<br>[REDACTED]<br>San Francisco, CA 94109 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 300.00                      | 300.00  | G2024 \$300.00                     |
| <b>SUBTOTAL \$</b> |  |   |  | 1,600.00                    |   |                                    |

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       (other than PTY or SCC)  
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page 11 of 20                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/31/2024         | Anna Pletcher<br>[REDACTED]<br>Mill Valley, CA 94941  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>OMelveny & Myers  | 250.00                      | 250.00   | G2024 \$250.00                        |
| 09/10/2024         | Natasha Ponomarchuk<br>[REDACTED]<br>Tiburon, CA 94930  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Hair Care<br>Comb and Cure  | 100.00                      | 100.00   | G2024 \$100.00                        |
| 08/26/2024         | Marilynn Preston<br>[REDACTED]<br>Tiburon, CA 94920   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 218.00                      | 218.00   | G2024 \$218.00                        |
| 09/07/2024         | Jeff Broske<br>[REDACTED]<br>Sacramento, CA 95825   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Associate Dean<br>University of the Pacific<br>- McGeorge School of Law                       | 100.00                      | 100.00   | G2024 \$100.00                        |
| 08/28/2024         | Philip Raful<br>[REDACTED]<br>San Rafael, CA 94901  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Appraiser<br>Philip Raful   | 250.00                      | 250.00   | G2024 \$250.00                        |
| <b>SUBTOTAL \$</b> |   |   |   | 918.00                      |  |                                       |

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       (other than PTY or SCC)  
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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                      | 07/01/2024 |                                |
| through                                   | 09/21/2024 | Page <u>12</u> of <u>20</u>    |
| NAME OF FILER                             |            | I.D. NUMBER                    |
| Holli Thier for Tiburon Town Council 2024 |            | 1398219                        |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/28/2024         | Dennis Rodoni<br>[REDACTED]<br>Point Reyes Station, CA 94956                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Supervisor<br>Marin County  | 100.00                      | 100.00   | G2024 \$100.00                        |
| 09/12/2024         | Larry Russell<br>[REDACTED]<br>Belvedere Tiburon, CA 94920                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Environmental Engineer<br>REED International  | 5,500.00                    | 5,500.00   | G2024 \$5,500.00                      |
| 09/12/2024         | Bibbo Saab<br>[REDACTED]<br>San Francisco, CA 94108   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Hair Stylist<br>Bibbo Salon   | 300.00                      | 300.00   | G2024 \$300.00                        |
| 09/07/2024         | Arvand Sabetian<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate<br>Arvand Sabetian  | 250.00                      | 250.00   | G2024 \$250.00                        |
| 08/21/2024         | Maura Schofield<br>[REDACTED]<br>The Woodlands, TX 77382  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Volunteer<br>n/a  | 100.00                      | 100.00   | G2024 \$100.00                        |
| <b>SUBTOTAL \$</b> |   |   |   | 6,250.00                    |  |                                       |

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page 13 of 20                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 08/26/2024         | Marina Sacchitano<br>[REDACTED]<br>Santa Rosa, CA 95404                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Regional Director<br>Inland Boatmen's Union  | 200.00                      | 200.00  | G2024 \$200.00                     |
| 09/08/2024         | Sylvia Singh<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 1,000.00                    | 1,000.00  | G2024 \$1,000.00                   |
| 09/08/2024         | Teamsters Union Local No. 665 PAC (ID# 1280975)<br>[REDACTED]<br>San Francisco, CA 94108     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  | G2024 \$500.00                     |
| 09/03/2024         | Lynne Thier<br>[REDACTED]<br>San Francisco, CA 94131   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Commercial Real Estate<br>Lynne Thier  | 100.00                      | 100.00  | G2024 \$100.00                     |
| 08/03/2024         | Marlene Thier<br>[REDACTED]<br>Moraga, CA 94556  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 1,500.00                    | 1,500.00  | G2024 \$1,500.00                   |
| <b>SUBTOTAL \$</b> |  |   |  | 3,300.00                    |   |                                    |

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       (other than PTY or SCC)  
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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                                |                           |                             |
|--------------------------------|---------------------------|-----------------------------|
| <b>Statement covers period</b> |                           | <b>CALIFORNIA FORM 460</b>  |
| from <u>07/01/2024</u>         | through <u>09/21/2024</u> |                             |
|                                |                           | Page <u>14</u> of <u>20</u> |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/04/2024         | Sanna Thomas<br>Belvedere Tiburon, CA 94920-1040   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 250.00                      | 350.00  | G2024 \$350.00                     |
| 09/06/2024         | Sanna Thomas<br>Belvedere Tiburon, CA 94920-1040   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 100.00                      | 350.00  | G2024 \$350.00                     |
| 09/09/2024         | James To<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a  | 250.00                      | 250.00  | G2024 \$250.00                     |
| 09/03/2024         | Alexander Tourk<br>San Francisco, CA 94105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Ground Floor Public Affairs   | 200.00                      | 200.00  | G2024 \$200.00                     |
| 09/07/2024         | Wanden Treanor<br>Corte Madera, CA 94925   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 100.00                      | 100.00  | G2024 \$100.00                     |
| <b>SUBTOTAL \$</b> |  |   |  | 900.00                      |   |                                    |

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 (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page 15 of 20                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/12/2024         | UA Local 38 Plumbing and Pipefitting (ID# 746875)<br>[REDACTED]<br>San Francisco, CA 94103   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2,500.00                    | 2,500.00  | G2024 \$2,500.00                   |
| 08/08/2024         | Clifford Waldeck<br>[REDACTED]<br>Mill Valley, CA 94941                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>Mill Valley School District   | 100.00                      | 100.00  | G2024 \$100.00                     |
| 08/30/2024         | Catherine Way<br>[REDACTED]<br>Larkspur, CA 94939  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Councilmember<br>City of Larkspur  | 250.00                      | 250.00  | G2024 \$250.00                     |
| 09/08/2024         | Jonathan Welner<br>[REDACTED]<br>Tiburon, CA 94920   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Mintz  | 100.00                      | 100.00  | G2024 \$100.00                     |
| 09/05/2024         | Jennifer Wolfe<br>[REDACTED]<br>Mill Valley, CA 94941  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Jennifer Wolfe   | 100.00                      | 100.00  | G2024 \$100.00                     |
| <b>SUBTOTAL \$</b> |  |   |  | 3,050.00                    |   |                                    |

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       (other than PTY or SCC)  
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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2024 |                                |
| through                 | 09/21/2024 | Page 16 of 20                  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Holli Thier for Tiburon Town Council 2024 | I.D. NUMBER<br>1398219 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 09/07/2024         | Vivecca Yong Tim<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Marketing<br>Amazon Web Services (AWS)  | 200.00                      | 200.00   | G2024 \$200.00                        |
| 08/14/2024         | Zelinsky Properties, LLC<br>[REDACTED]<br>Tiburon, CA 94920<br>Responsible Officer: Laleh Zelinsky | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2,000.00                    | 2,000.00   | G2024 \$2,000.00                      |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |  |   |   | 2,200.00                    |  |                                       |

\*Contributor Codes  
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 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|   |            |                             |
|---|------------|-----------------------------|
| Statement covers period                   |            | <b>CALIFORNIA FORM 460</b>  |
| from                                      | 07/01/2024 |                             |
| through                                   | 09/21/2024 | Page <u>17</u> of <u>20</u> |
| NAME OF FILER                             |            | I.D. NUMBER                 |
| Holli Thier for Tiburon Town Council 2024 |            | 1398219                     |

SEE INSTRUCTIONS ON REVERSE

Holli Thier for Tiburon Town Council 2024

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 09/08/2024    | Pamela Evelyn Sieck<br>[REDACTED]<br>Tiburon, CA 94920  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Community Programs Coordinator<br>SF Ballet  | Food & Supplies for Event        | 2,000.00                  | 2,100.00  | G2024 \$2,100.00                   |
| 09/08/2024    | Marin Professional Firefighters Political Action Committee (ID# 930791)<br>[REDACTED]<br>Sacramento, CA 95814 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | BBQ Supplies                     | 500.00                    | 3,500.00  | G2024 \$3,500.00                   |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2,500.00**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 2,500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 75.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 2,575.00

\*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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                   |            | <b>CALIFORNIA FORM 460</b> |
| from                                      | 07/01/2024 |                            |
| through                                   | 09/21/2024 | Page 18 of 20              |
| NAME OF FILER                             |            | I.D. NUMBER                |
| Holli Thier for Tiburon Town Council 2024 |            | 1398219                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holli Thier for Tiburon Town Council 2024

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Alain McLaughlin<br>[REDACTED]<br>Alameda, CA 94501                 | FND     |                        | 450.00      |
| Paypal<br>[REDACTED]<br>San Jose, CA 95131                          | OFC     |                        | 845.21      |
| Sonia E. Taylor<br>[REDACTED]<br>Santa Rosa, CA 95404               | CMP     |                        | 500.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,795.21

**Schedule E Summary**

|  |                 |                 |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 1,795.21        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 30.00           |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0.00            |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <b>1,825.21</b> |

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|   |            |                             |
|---|------------|-----------------------------|
| Statement covers period                   |            | <b>CALIFORNIA FORM 460</b>  |
| from                                      | 07/01/2024 |                             |
| through                                   | 09/21/2024 | Page <u>19</u> of <u>20</u> |
| NAME OF FILER                             |            | I.D. NUMBER                 |
| Holli Thier for Tiburon Town Council 2024 |            | 1398219                     |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|---|--|
| American Express<br>200 Vesey Street<br>New York, NY 10285             | Credit Card Payment            | 0.00  | 422.01                             | 0.00  | 422.01   |
| American Express<br>200 Vesey Street<br>New York, NY 10285             | Credit Card Payment            | 0.00  | 84.94                              | 0.00  | 84.94  |
| <b>SUBTOTALS \$</b>  |                                | 0.00\$  | 506.95\$                           | 0.00\$  | 506.95   |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 506.95
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 506.95  
May be a negative number

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

SCHEDULE G

|   |            |                             |
|---|------------|-----------------------------|
| Statement covers period                   |            | <b>CALIFORNIA FORM 460</b>  |
| from                                      | 07/01/2024 |                             |
| through                                   | 09/21/2024 | Page <u>20</u> of <u>20</u> |
| NAME OF FILER                             |            | I.D. NUMBER                 |
| Holli Thier for Tiburon Town Council 2024 |            | 1398219                     |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR   |            |                             |
| American Express                          |            |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Holli Thier for Tiburon Town Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Spotlight Printing<br>725 Bryant Street<br>San Francisco, CA 94107              | LIT  |    |                        | 422.01      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 422.01

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.