

497 Contribution Report

Amounts may be rounded to whole dollars.

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|--------------------------------------|-----------------------------|---|--|
| NAME OF FILER ISAAC NIKFAN | | Date of This Filing 10/11/22 | CALIFORNIA FORM 497 RECEIVED OCT 11 2022 TOWN MANAGERS OFFICE TOWN OF TIBURON |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) | Report No. _____ | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Tiburon | STATE CA | ZIP CODE 94920 | No. of Pages _____ |

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 |
|-----------------|--|---|--|---|
| 10/11/22 | SAM'S MAIN STREET LLC [REDACTED] - TIBURON, CA 94920 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,444.⁰⁰ <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 |
| | | <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: NEW DONATION

* 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