

497 Contribution Report

Amounts may be rounded to whole dollars.

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|--|---|---|--|---|
| NAME OF FILER Committee to Re-Elect Ford Greene to San Anselmo Town Council 2022 | | Date of This Filing <u>9/27/22</u> | Date Stamp RECEIVED SEP 29 REC'D TOWN OF SAN ANSELMO | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) [REDACTED] | Report No. <u>1</u> | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages <u>1</u> | |

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 |
|---------------|---|---|---|---|
| 9/5/22 | Joseph O. Tobin II [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Storage Management | 1000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate |
| 9/10/22 | Victoria Henley [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney/Consultant | 1000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate |
| 8/10/22 | A.C. Greene III [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney and Candidate | 3000.00 <input checked="" type="checkbox"/> Check if Loan 0 _____% 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: _____
