Agency Contact (name and title) Tim Petrick, CEO/Harbormaste  Donor Name and Address  Individual N/A  Last Name  1517 North Point Street  Address  Skincare & beauty products co	mail  fficestaff@ccharbor.com  er  N/A  First Name  San France City  company siness activity (if business) or its nature and the source and t	nd interests. If the amount(s) re	Date Stamp  Amendment (explain Date of Original Filing:  Tatcha, LLC  CA State  ecceived by the donor for	04/19/23 (month, day, year)  Name 94123 Zip Code
Division, Department, or Region Administration Department Street Address  101 Citizens Dock Rd  Area Code/Phone Number (707) 464-6174  Agency Contact (name and title) Tim Petrick, CEO/Harbormaste  Donor Name and Address  Dindividual    N/A	mail  fficestaff@ccharbor.com  ar  N/A  First Name  San France City  company siness activity (if business) or its nature are stify the name of each source and Amount  nplete Sections 3.1 (a or leading to the source)	nd interests.  I the amount(s) re	Date of Original Filing:  Tatcha, LLC  CA  State  ecceived by the donor for	For Official Use Only  in in comment section)  04/19/23  (month, day, year)  Name 94123  Zip Code
Administration Department  Street Address  101 Citizens Dock Rd  Area Code/Phone Number (707) 464-6174  Agency Contact (name and title) Tim Petrick, CEO/Harbormaste  Donor Name and Address  Individual  N/A  Last Name  1517 North Point Street  Address  Skincare & beauty products coulf "Other" is marked, describe the entity's but  If applicable, iden  N/A  Name  Payment Information (Contact)  3.1 (a) Travel Payment  N/A	mail  fficestaff@ccharbor.com  ar  N/A  First Name  San France City  company siness activity (if business) or its nature are stify the name of each source and Amount  nplete Sections 3.1 (a or leading to the source)	nd interests.  I the amount(s) re	Date of Original Filing:  Tatcha, LLC  CA  State  ecceived by the donor for	Name 94123 Zip Code
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	Rail Air Check Applicab	] Bus ☐ Auto le Boxes	o	Name of Lodging Facility
\$ \$ \$	Meal Expenses \$Transportatio	•	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not relate	ed to travel:	02/07/2023	Ψ	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description. P	rovide a specific descriptio	n of the payme	ent and its agency p	urpose and use.
Used office furnishings (dwhich are no longer need 3.3. Identify the officials who	led by Tatcha. All donate	d furnishings	s will now be used	
etrick	Tim	CEO/Harbo	•	Ą
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
/erification authorized the acceptance of	the reported payment(s) as in	n compliance wi	ith FPPC regulations.	
$\neg P$	Tim Petrick	•	/Harbormaster	04/19/23
Signature	_			
Signature Comment: Tatcha does not ha	Print Name		Title	(month, day, yea

(Use this space or an attachment for any additional information)