497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
FROM THE NEIGHBORHOOD, FOR THE CITY, SUPPORTING THEO ELLINGTON FOR SUPERVISOR 2026

AREA CODE/PHONE NUMBER: (415)389-6800

I.D. NUMBER *(if applicable)*: SFO166194

STREET ADDRESS:

CITY: SAN RAFAEL | STATE: CA | ZIP CODE: 94901

Date of This Filing 09/02/2026

Report No. 711

☐ **Amendment to Report No.** _____ (explain below)

No. of Pages 1

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CALIFORNIA FORM 497

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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
09/02/2026	CHRISTIAN LARSEN San Francisco, CA 94109	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EXECUTIVE CHAIRMAN RIPPLE, INC.	500,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____