

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____ | <input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____ | <input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____ |
|---|--|--|

RECEIVED
Date Stamp
AUG 25 2022
TOWN CLERK
TOWN OF TIBURON

**CALIFORNIA
FORM 410**
For Official Use Only

| 1. Committee Information | | I.D. Number <small>(if applicable)</small> | | 2. Treasurer and Other Principal Officers | | | |
|---|--|---|---|---|-------------------------------|-------------------------------|--|
| NAME OF COMMITTEE <i>Committee to Reelect Alice 2022 Tiburon Town Council</i> | | | | NAME OF TREASURER <i>Alice Fredericks</i> | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| CITY <i>Tiburon</i> | STATE <i>Ca</i> | ZIP CODE <i>94920</i> | AREA CODE/PHONE <i>415 7895166</i> | CITY <i>Tiburon</i> | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) <i>PO Box 432 Tiburon Ca 94920</i> | | | | NAME OF ASSISTANT TREASURER, IF ANY <i>Stephanie Cho</i> | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| COUNTY OF DOMICILE <i>Marin</i> | JURISDICTION WHERE COMMITTEE IS ACTIVE <i>Tiburon</i> | CITY <i>Tiburon</i> | STATE <i>CA</i> | ZIP CODE <i>94920</i> | AREA CODE/PHONE [REDACTED] | | |
| NAME OF PRINCIPAL OFFICER(S) [REDACTED] | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | | |
| CITY [REDACTED] | | STATE [REDACTED] | | ZIP CODE [REDACTED] | | AREA CODE/PHONE [REDACTED] | |
| <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p> | | | | | | | |

3. Verification

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

| | | |
|----------------------------|----|------------|
| Executed on <u>8/25/22</u> | By | [REDACTED] |
| Executed on <u>8/25/22</u> | By | [REDACTED] |
| Executed on _____ | By | _____ |
| Executed on _____ | By | _____ |

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT