

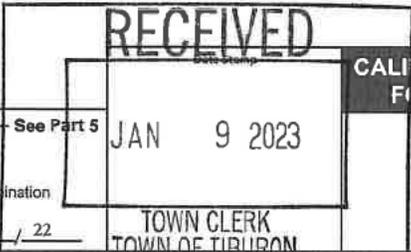
**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 5
 Date of termination 12 / 30 / 22



CALIFORNIA FORM 410
For Official Use Only

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

3. Verification

I have used all reasonable diligence in preparing this statement and 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 contained herein is true and complete. I certify under

Executed on 12/30/22 By [REDACTED] ASSISTANT TREASURER

Executed on 12/30/22 By [REDACTED] DATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER
1453753

COMMITTEE NAME
Committee to ReElect Alice Tiburon Town Council 2022

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of Marin	AREA CODE/PHONE (866) 626-6004	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1 Blackfield Drive	CITY Tiburon	STATE CA
		ZIP CODE 94920

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Alice Fredericks	Tiburon Town Council	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE