

**Statement of Organization
Recipient Committee**

Statement Type

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

RECEIVED

Date Stamp
JUN 12 2023

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				NAME OF TREASURER									
Committee to Elect Stefanie Cho Tiburon Town Council 2023				Stefanie Cho									
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)									
[REDACTED]				[REDACTED]									
CITY		STATE		ZIP CODE		AREA CODE/PHONE		CITY		STATE		ZIP CODE	
Tiburon		CA		94920		[REDACTED]		Tiburon		CA		94920	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY									
[REDACTED]				Tiburon CA 94920									
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)									
[REDACTED]													
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)									
Marin		Tiburon											
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)									
				CITY		STATE		ZIP CODE		AREA CODE/PHONE			

3. Verification

I have used all reasonable diligence in preparation of this statement and, to 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 June 23</u>	By	[REDACTED]
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER

COMMITTEE NAME
Committee to Elect Stefanie Cho Tiburon Town Council 2023

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

NAME OF FINANCIAL INSTITUTION <i>Bank of Marin</i>	AREA CODE/PHONE <i>415-289-0710</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <i>2656 Bridgeway Suite D</i>	CITY <i>Sausalito Tiburon</i>	STATE ZIP CODE <i>CA 94965</i>

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		
<i>Stefanie Cho</i>	<i>Tiburon Town Council</i>	<i>2023</i>	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
		SUPPORT	OPPOSE