

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>7, 12 2023</u>	Date of termination ____/____/____

Date stamp RECEIVED JUL 19 2023 TOWN CLERK TOWN OF TIBURON	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) <u>1461136</u>		NAME OF TREASURER <u>Stefanie Cho</u>	
NAME OF COMMITTEE <u>Committee to Elect Stefanie Cho Tiburon Town Council 2023</u>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY <u>Tiburon</u>	STATE <u>CA</u>	ZIP CODE <u>94920</u>	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) <u>Tiburon CA 94920</u>		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX)	
CITY OF DOMICILE <u>Marin</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Tiburon</u>	CITY STATE ZIP CODE AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)	
[REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.			
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 correct.

Executed on <u>18 July 2023</u>	By [REDACTED]	TREASURER OR ASSISTANT TREASURER
Executed on <u>18 July 2023</u>	By [REDACTED]	OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <i>Committee to Elect Stefanie Cho Tiburon Town Council 2023</i>	I.D. NUMBER <i>1461136</i>
--	-------------------------------

• 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 [REDACTED]
---	--	--------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

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		(list political party below)
			Nonpartisan	Partisan	
<i>Stefanie Cho</i>	<i>Tiburon Town Council</i>	<i>2023</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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