

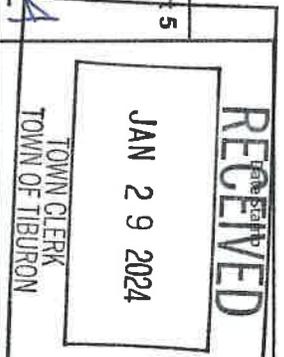
# Statement of Organization Recipient Committee

## Statement Type

Initial  
 Not yet qualified  
 Date qualification threshold met or  
 Amendment  
 Date qualification threshold met

Termination - See Part 5

Date of termination  
Jan 18, 2024



CALIFORNIA FORM 410  
For Official Use Only

### 1. Committee Information

I.D. Number (if applicable) 140136

NAME OF COMMITTEE: Committee to Elect Stephanie Cho  
 Tiburon Town Council 2023  
 CITY: Tiburon STATE: CA ZIP CODE: 94920 AREA CODE/PHONE: 415.346.0122  
 FULL MAILING ADDRESS (IF DIFFERENT): PO Box 246 Tiburon, CA 94920  
 E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL): Stephanie Cho 2023@gmail.com  
 COUNTY OF DOMICILE: Marin JURISDICTION WHERE COMMITTEE IS ACTIVE: Tiburon

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER: Stephanie Cho  
 STREET ADDRESS (NO P.O. BOX): [Redacted] CITY: Tiburon STATE: CA ZIP CODE: 94920  
 EMAIL ADDRESS OF TREASURER (REQUIRED): Stephanie Cho 2023@gmail.com  
 NAME OF ASSISTANT TREASURER, IF ANY: [Redacted]  
 STREET ADDRESS (NO P.O. BOX): [Redacted] CITY: [Redacted] STATE: [Redacted] ZIP CODE: [Redacted]  
 EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED): [Redacted]  
 NAME OF PRINCIPAL OFFICER(S): [Redacted]  
 STREET ADDRESS (NO P.O. BOX): [Redacted] CITY: [Redacted] STATE: [Redacted] ZIP CODE: [Redacted]  
 EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): [Redacted] AREA CODE/PHONE: [Redacted]

### 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 foregoing information is true and correct.

Executed on 18 January 2024  
 Executed on 18 January 2024  
 Executed on [Redacted]  
 Executed on [Redacted]  
 Executed on [Redacted]  
 Executed on [Redacted]