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 ___/___/___

RECEIVED
Date Stamp
JAN 22 2020
TOWN CLERK
TOWN OF TIBURON

CALIFORNIA FORM **410**
For Official Use Only

1. Committee Information

I.D. Number *(If applicable)*

NAME OF COMMITTEE
Daniel Amir for Tiburon Town Council 2020

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Tiburon | STATE: CA | ZIP CODE: 94920 | AREA CODE/PHONE: [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE: Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE: Town of Tiburon CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
NIRAN AMIR

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: TiBuron | STATE: CA | ZIP CODE: 94920 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 fore[redacted]ect.

Executed on 1/20/20 (DATE) By [redacted] ASURER

Executed on 1/20/20 (DATE) By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT