

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable:  
(Month, Day, Year)  
3/3/2020

Amendment (Explain Below)

**RECEIVED**  
JAN 23 2020  
TOWN CLERK  
TOWN OF TIBURON

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 20.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Kathleen M. Defever

STREET ADDRESS

[REDACTED]

CITY

Tiburon,

STATE

CA

ZIP CODE

94920

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Town of Tiburon Councilmember

JURISDICTION (LOCATION)

Town of Tiburon

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>none</u>		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/22/20  
DATE

By [REDACTED]

Clear Form

Print Form