

Statement of Organization Recipient Committee
Statement Type

Initial
 Not yet qualified
 Date qualification threshold met

Amendment
 Date qualification threshold met 07 / 20 / 2021

Termination - See Part 5
 Date of termination

Date Stamp
RECEIVED
AUG 09 2021
TOWN MANAGERS OFFICE
TOWN OF TIBURON

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number 1439748
(if applicable)

NAME OF COMMITTEE
Noah Griffin for Tiburon Town Council 2021

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

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

Novato CA 94949-5731

FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Noah Griffin
STREET ADDRESS (NO P.O. BOX) [REDACTED]

NOVATO CA [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Nancy L. Warren
STREET ADDRESS (NO P.O. BOX) [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

noahgriffin@tiburontowncouncil@gmail.com / [REDACTED]
COUNTY OF DOMICILE
Marin County JURISDICTION WHERE COMMITTEE IS ACTIVE
Tiburon

NOVATO CA [REDACTED]

NAME OF PRINCIPAL OFFICERS

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

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this penalty of perjury under the laws of the State of California and complete. I certify under

Executed on 8/2/2021 By [REDACTED]

Executed on 7/31/21 By [REDACTED]

Executed on [REDACTED] By [REDACTED]

Executed on [REDACTED] By [REDACTED]

SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Noah Griffin for Tiburon Town Council 2021

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I.D. NUMBER
1439748

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

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of San Francisco		(415) 744-6700	704030305
ADDRESS	CITY	STATE	ZIP CODE
575 Market Street #900	San Francisco	CA	94105

4. Type of Committee Complete the applicable sections.

- 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	
				Nonpartisan X	Partisan (list political party below)
Noah Griffin	Town Council Tiburon	2021	Nonpartisan X	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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Noah Griffin for Tiburon Town Council 2021

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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COMMITTEE NAME

Noah Griffin for Riburon Town Council 2021

Updates mailing address



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