

1440954

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 AND FILED
In the office of the Secretary of State
of the State of California

CALIFORNIA FORM 410

For Official Use Only

SEP 13 2021

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE <i>Defever for Town Council 2021</i>		I.D. Number <i>(if applicable)</i>	
CITY <i>Tiburon</i>	STATE <i>CA</i>	ZIP CODE <i>94920</i>	NAME OF TREASURER <i>Kathleen Defever</i>
FULL MAILING ADDRESS (IF DIFFERENT) <i>1550G Tiburon Blvd. #500 Tiburon CA 94920</i>	STREET ADDRESS (NO P.O. BOX) [REDACTED]		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]	CITY <i>Tiburon</i>	STATE <i>CA</i>	ZIP CODE <i>94920</i>
NAME OF PRINCIPAL OFFICER(S) <i>Mario</i>	NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]		
CITY <i>Tiburon</i>	STATE <i>CA</i>	ZIP CODE <i>94920</i>	AREA CODE/PHONE [REDACTED]

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

Executed on 9/8/21 By [REDACTED]

Executed on 9/8/21 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
DeFever for Town Council 2021

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

NAME OF FINANCIAL INSTITUTION <i>Wells Fargo Bank, N.A.</i>	AREA CODE/PHONE <i>415-435-5275</i>	BANK ACCOUNT NUMBER <i>8950396989</i>
ADDRESS <i>1550 Tiburon Blvd. Tiburon</i>	CITY <i>CA</i>	STATE <i>CA</i>
		ZIP CODE <i>94920</i>

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)
<i>Kathleen M. DeFever</i>	<i>Tiburon Town Council member 2021</i>		Nonpartisan <input checked="" type="checkbox"/>	Nonpartisan
			Nonpartisan	Nonpartisan

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 <input type="checkbox"/> OPPOSE <input type="checkbox"/>
	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>