

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11-2-2021	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED OCT 13 2021 TOWN CLERK TOWN OF TIBURON	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Brian J. McCulloch
 STREET ADDRESS: [REDACTED]
 CITY: Tiburon STATE: CA ZIP CODE: 94920
 AREA CODE/ACTIVE PHONE NUMBER: [REDACTED] OPTIONAL: FAX/EMAIL ADDRESS: _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Town Council
 JURISDICTION (LOCATION): 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
0-0-0-0	N/A	[REDACTED]

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

Executed on 10-13-2021 DATE