

Statement of Organization
Recipient Committee

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of the State of California

FORM 410
For Official Use Only

JAN 03 2022

Statement Type

Initial

Not yet qualified or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

12/28/21

1. Committee Information

I.D. Number 1440954

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Defever for Town Council 2021

NAME OF TREASURER

Kathleen Defever

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Tiburon

STATE

CA

ZIP CODE

94920

NAME OF ASSISTANT TREASURER, IF ANY

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FOR INFORMATION: IF THE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

Marin Town of Tiburon

Kathleen Defever

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Tiburon

STATE

CA

ZIP CODE

94920

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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.

Executed on 12/28/21 By [Redacted]

DATE

Executed on 12/28/21 By [Redacted]

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

NAME OF PRINCIPAL OFFICER(S)

OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT