

**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

12 / 13 / 2021

1. Committee Information I.D. Number 1441222
(if applicable)

Leonor Noguez for Tiburon Town Council 2021

2. Treasurer and Other Principal Officers

NAME OF TREASURER

William "Bill" Tiedje

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Tiburon

STATE

CA

ZIP CODE

94920

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

CA

ZIP CODE

94920

AREA CODE/PHONE

[REDACTED]

JURISDICTION WHERE COMMITTEE IS ACTIVE

Tiburon

COUNTY OF DOMICILE

Marin

NAME OF PRINCIPAL OFFICER(S)

William "Bill" Tiedje

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

CA

ZIP CODE

94920

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 of California that the information contained herein is true and complete.

Executed on 12/13/21 By [REDACTED]

DATE

By

12/13/21

DATE

By

Executed on _____ By _____

DATE

By

Executed on _____ By _____

DATE

By

TREASURER

OR STATE MEASURE PROPONENT

OR STATE MEASURE PROPONENT

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

RECEIVED
DEC 15 2021
TOWN CLERK
TOWN OF TIBURON

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