Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

Date Stamp	For Official Use Only

Statement Type

- ☑ Initial
  - ○ Not yet qualified
    - or
  - ◉ Date qualification threshold met
    - 10 / 14 / 2022
- ☐ Amendment
  - Date qualification threshold met
    - ___ / ___ / ___
- ☐ Termination – See Part 5
  - Date of termination
    - ___ / ___ / ___

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

NAME OF COMMITTEE
Jon Welner for Tiburon Council 2022

STREET ADDRESS (NO PO BOX)
████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tiburon	CA	94920	████████

FULL MAILING ADDRESS (IF DIFFERENT)

E MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
████████████

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Marin	Tiburon

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jonathan Welner

STREET ADDRESS (NO PO BOX)
████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tiburon	CA	94920	████████

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Pamela Welner

STREET ADDRESS (NO PO BOX)
████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tiburon	CA	94920	████████

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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 ████████████ true and correct.

Executed on	10/15/2022	By	████████████
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	10/15/2022	By	████████████
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Jon Welner for Tiburon Council 2022	

- **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 Marin	415-381-2265	████████	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
1 Blackfield Drive	Tiburon	CA	94920

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		
			Nonpartisan	Partisan	(list political party below)
Jonathan Welner	Tiburon Town Council	2022		✓	Democratic
			Nonpartisan	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
		SUPPORT	OPPOSE