

**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

Date Stamp

AUG 1 2 2024

TOWN CLERK
TOWN OF TIBURON

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number (if applicable)			
NAME OF COMMITTEE Hornbrook 4 Tiburon Town Council 2024							
STREET ADDRESS (NO P.O. BOX) [REDACTED]							
CITY Tiburon		STATE CA	ZIP CODE 94920	AREA CODE/PHONE [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT) Hornbrook 4 Tiburon, CA							
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) Hornbrook 4 Tiburon, CA							
COUNTY OF DOMICILE MARIN		JURISDICTION WHERE COMMITTEE IS ACTIVE Tiburon					
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 foregoing is true and correct.							
Executed on	8/12/24	By	[REDACTED]				
Executed on	8/12/24	By	[REDACTED]				
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER
N/A

COMMITTEE NAME
Hornbrook 4 Tiburon Town Council 2024

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of America, Charles Hornbrook and Lisa Edwards		AREA CODE/PHONE 4153609333	BANK ACCOUNT NUMBER in process	
ADDRESS OF FINANCIAL INSTITUTION 715 East Blithedale Ave		CITY Mill Valley	STATE CA	ZIP CODE 94941

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		
Chuck Hornbrook	Tiburon Town Council	2024	Nonpartisan	Partisan	(list political party below) Democrat
			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

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