

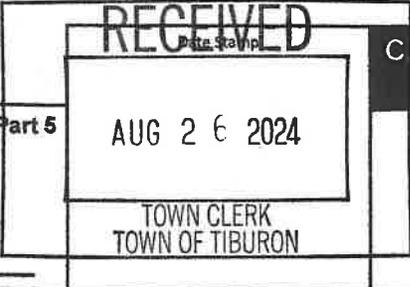
**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met 08 / 20 / 2024

Termination - See Part 5
 Date of termination _____



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers				
I.D. Number (if applicable) 1473357				NAME OF TREASURER Charles Hornbrook				
NAME OF COMMITTEE Hornbrook 4 Tiburon Town Council 2024				STREET ADDRESS (NO P.O. BOX) [REDACTED]				
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Tiburon		STATE CA	ZIP CODE 94920	AREA CODE/PHONE [REDACTED]
CITY Tiburon		STATE CA	ZIP CODE 94920	NAME OF ASSISTANT TREASURER, IF ANY Lisa Edwards				
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) [REDACTED]				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY Tiburon		STATE CA	ZIP CODE 94920	AREA CODE/PHONE [REDACTED]
COUNTY OF DOMICILE Marin		JURISDICTION WHERE COMMITTEE IS ACTIVE Tiburon		NAME OF PRINCIPAL OFFICER(S)				
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)				
				CITY		STATE	ZIP CODE	AREA CODE/PHONE

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 8/20/2024 By [REDACTED]
DATE TREASURER

Executed on 8/20/2024 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 8/20/2020 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER
1473357

COMMITTEE NAME
Hornbrook 4 Tiburon Town Council 2024

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 4153609333	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 715 East Blithedale Ave	CITY Mill Valley	STATE ZIP CODE CA 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		(list political party below)
			Nonpartisan	Partisan	

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



Shirley N. Weber, Ph.D.

California Secretary of State Political Reform Division

1500 11th Street | Sacramento, CA 95814 | 916.653.6224 | prd@sos.ca.gov

August 20, 2024

CHARLES HORN BROOK
HORN BROOK 4 TIBURON TOWN COUNCIL 2024, ID# 1473357

[REDACTED]
TIBURON CA 94920

Emailed to:

[REDACTED]

Dear Committee Treasurer:

Thank you for filing your Recipient Committee Statement of Organization (Form 410). Your committee identification number is **1473357**. This number should be used on all the campaign statements your committee files. Also, it is used as identification information to be given to all persons and committees to whom you make contributions. (Note: All section references pertain to the California Government Code.)

Section 84101.5 requires all qualified recipient committees pay an annual fee of \$50, payable to the Secretary of State.

- A committee that has not yet qualified when the initial Statement of Organization is filed is not required to pay the \$50 annual fee at that time.
- Once the committee has qualified, an amending Form 410 must be filed within 10 days to provide our office with the committee's date of qualification (the date by which the committee raised or spent \$2,000). The \$50 annual fee is then due and must be paid no later than 15 days after filing the amending Form 410 providing the committee's date of qualification. To ensure that this payment is made timely, the amending Form 410 and the payment fee can be submitted together.
- If your committee had already qualified at the time the initial Form 410 was filed, the annual fee is due and payable within 15 days of the Form 410's submission.
- Qualified committees that form during the last three months of a calendar year must pay the \$50 fee within 15 days of filing a Form 410, but are not subject to the fee in the following year.
- **The \$50 fee is an annual fee, which means that a qualified committee must pay the fee each year it retains an active status. (Even if the committee has no activity, it retains active status until it is officially terminated.) Once a committee pays the initial fee described above, the committee must continue to pay the annual \$50 fee due each year by January 15th for as long as the committee continues to exist.**
- Any committee that does not pay the fee on time is subject to a penalty of \$150.