

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination - See Part 5 Date of termination
8, 29, 24		

RECEIVED

AUG 29 2024

TOWN CLERK

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information I.D. Number (If applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE ANDREW THOMPSON 4 TIBURON		NAME OF TREASURER COLIN CRAWFORD	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Tiburon CA 94920 415 686-1600		CITY STATE ZIP CODE AREA CODE/PHONE TIBURON CA 94920 [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) andrewthompson4tiburon@gmail.com		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ANNUAL MARIN TIBURON		CITY STATE ZIP CODE AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S) ANDREW THOMPSON		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
Attach additional information on appropriately labeled continuation sheets.		CITY STATE ZIP CODE Tiburon CA 94920 [REDACTED]	

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.

Executed on 08/30/2024 By [REDACTED]

Executed on 08/30/2024 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

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I.D. NUMBER

COMMITTEE NAME
ANDREW THOMPSON 4 TIBURON

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

NAME OF FINANCIAL INSTITUTION REDWOOD CREDIT UNION	AREA CODE/PHONE 800-479-7928	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 695 E BETHEDALE 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)
ANDREW THOMPSON	TIBURON COUNCIL	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	Democrat
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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