

**Statement of Organization  
Recipient Committee**

Statement Type

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

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
**AUG 29 2024**

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** I.D. Number **1398219**  
(if applicable)

NAME OF COMMITTEE  
**Holli Thier for Tiburon Town Council 2024**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
**Tiburon CA 94920 [REDACTED]**

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Marin Marin**

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Jerry Reissen, President Tiburon Open Space**

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED] **Tiburon CA 94920**

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE  
[REDACTED] [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
**Holli Thier**

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED] **Tiburon CA 94920**

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE  
[REDACTED] [REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
**Holli Thier**

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED] **Tiburon CA 94920**

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE  
[REDACTED] [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 that the information provided is true and correct.

Executed on 8/6/24 By \_\_\_\_\_  
DATE

Executed on 8/6/24 By \_\_\_\_\_  
DATE

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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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME  
**Holli Thier for Tiburon Town Council 2024**

I.D. NUMBER  
**1398219**

**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

**US Bank**

AREA CODE/PHONE  
**(415) 360-9820**

BANK ACCOUNT NUMBER  
[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION

**800 Redwood Highway Frontage Road, Suite 329**

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		(list political party below)
			Nonpartisan	Partisan	
<b>Holli Thier</b>	<b>Tiburon Town Council</b>	<b>2024</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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

		CHECK ONE	
		SUPPORT	OPPOSE