

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	_____ / _____ / _____	12 / 20 / 24

Date Stamp

CALIFORNIA FORM 410

RECEIVED AND FILED
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of the State of California

DEC 23 2024

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

Executed on 12/20/24 By _____

Executed on 12/20/24 By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Hornbrook 4 Tiburon Town Council 2024	I.D. NUMBER 1473357
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• 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