

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Amendment
 Termination - See Part 8

Not yet qualified or
 Date qualification threshold met

Date qualification threshold met: 08 / 21 / 2022

Date of termination: _____

Data Stamp
RECEIVED
SEP 12 REC'D

CALIFORNIA FORM 410
For Official Use Only

TOWN OF SAN ANSELMO

I.D. Number 1449653 <small>(If possible)</small>		NAME OF COMMITTEE Tarrell Kullaway for San Anselmo Town Council 2022		NAME OF TREASURER Jordan Eldridge	
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE
[REDACTED]		[REDACTED]		CA	95110
CITY	STATE	ZIP CODE	AREA CODE/PHONE		
[REDACTED]	CA	[REDACTED]	[REDACTED]		
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY		
[REDACTED]			[REDACTED]		
EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jordan@eldridgepolitical.com			STREET ADDRESS (NO P.O. BOX)		
[REDACTED]			[REDACTED]		
CITY	STATE	ZIP CODE	AREA CODE/PHONE		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		
[REDACTED]	Town of San Anselmo		[REDACTED]		
[REDACTED]			STREET ADDRESS (NO P.O. BOX)		
[REDACTED]			[REDACTED]		
[REDACTED]			CITY	STATE	ZIP CODE
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
Attach additional information on appropriately labeled continuation sheets.					

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 9/2/2022 By [REDACTED] TREASURER

Executed on 8/30/22 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Tarrell Kullaway for San Anselmo Town Council 2022	ID NUMBER [REDACTED]
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE CA
		ZIP CODE 95129

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		
Tarrell Kullaway	Councilmember, Town of San Anselmo	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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	
		SUPPORT	OPPOSE

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1449653

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

CALIFORNIA FORM 410

JUL 05 2022

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Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 8
<input checked="" type="radio"/> Not yet qualified or	Date qualification threshold met: _____	Date of termination: _____
<input type="radio"/> Date qualification threshold met	Date qualification threshold met: _____	

I.D. Number (Optional)		NAME OF COMMITTEE		NAME OF TREASURER	
		Tarrill Kullaway for San Anselmo Town Council 2022		Jordan Eldridge	
		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE	
		[REDACTED]		[REDACTED] CA [REDACTED] [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED] CA [REDACTED] [REDACTED]					
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		NAME OF PRINCIPAL OFFICER(S)			
Jordan@eldridgepolitical.com					
COUNTRY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	STREET ADDRESS (NO P.O. BOX)			
[REDACTED]	Town of San Anselmo	CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.					

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 06/29/2022 by _____

Executed on 07/23/22 by _____

Executed on _____ by _____

Executed on _____ by _____

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INSTRUCTIONS ON REVERSE

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Page 2

I.D. NUMBER

COMMITTEE NAME Tarrell Kullaway for San Anselmo Town Council 2022			
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

Controlled Committee

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- 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		
Tarrell Kullaway	Councilmember, Town of Anselmo	2022	Nonpartisan	Partisan	(list political party below)
			<input checked="" 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
		SUPPORT	OPPOSE