FILED

SEP 19 2022

REGISTRAR OF VOTERS
COUNTY OF SANTA CLARA

By _____ Deputy

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

Date Stamp

SEP 08 2022

Statement of Organization
Recipient Committee

CALIFORNIA FORM **410**

For Official Use Only

Statement Type	☐ Initial ○ Not yet qualified or ○ Date qualification threshold met ___/___/___	☑ Amendment Date qualification threshold met 08 / 21 / 2022	☐ Termination – See Part 5 Date of termination ___/___/___

Committee Information — I.D. Number 1449653 (if applicable)

NAME OF COMMITTEE
Tarrell Kullaway for San Anselmo Town Council 2022

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
[redacted]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[redacted]

COUNTY OF DOMICILE: [redacted]

JURISDICTION WHERE COMMITTEE IS ACTIVE
Town of San Anselmo

Attach additional information on appropriately labeled continuation sheets.

Treasurer Information

NAME OF TREASURER
Jordan Eldridge

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

Signature

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 Sta[redacted]

Executed on 9/2/2022 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 8/30/22 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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

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

FPPC Advice: [illegible] (866/275-3772)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Tarrell Kullaway for San Anselmo Town Council 2022	[redacted]

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo Bank	[redacted]	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]		

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		
			Nonpartisan	Partisan	(list political party below)
Tarrell Kullaway	Councilmember, Town of San Anselmo	2022	✓		
			Nonpartisan	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