

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

8 / 7 / 2024

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

Date Stamp

RECEIVED AND FILED

Office of the Secretary of State
of the State of California

AUG 12 2024

CALIFORNIA
FORM

410

For Official Use Only

R21
1472982
R21264

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Cindy Swift For Fairfax Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY
Fairfax

STATE
CA

ZIP CODE
94930

AREA CODE/PHONE
[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
c.swift@comcast.net

COUNTY OF DOMICILE
Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE
Fairfax

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John Sergeant

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

[REDACTED]

Fairfax

CA

94930

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

jsgtl@comcast.net

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Cindy Swift

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

[REDACTED]

Fairfax

CA

94930

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

c.swift@comcast.net

[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

n/a

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in
penalty of perjury under the laws of the

to the best of my knowledge the information contained herein is true and complete. I certify under
penalty of perjury that the foregoing is true and correct.

Executed on

8/7/24

DATE

Executed on

8/7/24

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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 Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Cindy Swift For Fairfax Council 2024

I.D. NUMBER

- 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

Wells Fargo Bank

AREA CODE/PHONE

415-456-4892

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

3 Tunstead Ave

CITY

San Anselmo

STATE

CA

ZIP CODE

94960

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		
Cindy Swift	Fairfax Town Council	2024	Nonpartisan ✓	Partisan	(list political party below)
			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