

Statement of Organization  
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 2

Date of termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

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

SEP 06 2024

R. ULLM

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE FRANK EGGER FOR FAIRFAX COUNCIL-2024		NAME OF TREASURER BARBARA PETTY
STREET ADDRESS (NO P.O. BOX) 17 MEADOW LANE		STREET ADDRESS (NO P.O. BOX) FAIRFAX CA 94930
CITY FAIRFAX		CITY FAIRFAX
STATE CA		STATE CA
ZIP CODE 94930		ZIP CODE 94930
FULL MAILING ADDRESS (IF DIFFERENT)		EMAIL ADDRESS OF TREASURER (REQUIRED) BARBARA.PETTY@BARBARAPETTY.COM
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) FRANK.EGGER@FAIRFAX.CA.GOV		NAME OF ASSISTANT TREASURER, IF ANY
COUNTY OF DOMICILE MARIN		STREET ADDRESS (NO P.O. BOX)
JURISDICTION WHERE COMMITTEE IS ACTIVE FAIRFAX		CITY
Attach additional information on appropriately labeled continuation sheets.		STATE
		ZIP CODE
		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
		AREA CODE/PHONE
		NAME OF PRINCIPAL OFFICER(S) FRANK EGGER
		STREET ADDRESS (NO P.O. BOX) FAIRFAX CA 94930
		CITY
		STATE
		ZIP CODE
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
		AREA CODE/PHONE

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 8/29/2024 By [Signature]  
Executed on 8-29-2024 By [Signature]  
Executed on [Date] By [Signature]  
Executed on [Date] By [Signature]  
Executed on [Date] By [Signature]

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

FAIRFAX  
FRANK EGGER FOR 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

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

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

FRANK EGGER	FAIRFAX TOWN COUNCIL	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input 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

FPPC Form 410 (October/2023)

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

[www.fppc.ca.gov](http://www.fppc.ca.gov)