Statement o Recipient C	of Organization committee	Date Stamp	CALIFORNIA 410		
Statement Typ	oe 🔲 Initial	☑ Amendment	☐ Termination - See Part 5	RECEIVED AND FILED	For Official Use Only
	O Not yet qualified			TOWARD TOWARD FAX	
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	NOV 2 1 2024	
		9 / 30 / 24			
1. Committe	ee Information I.D. Numbe	1470545	2. Treasurer and C	other Principal Officers	3.
NAME OF COMMITT			NAME OF TREASURER		
37 1177	FIG FIAMO		Bob Kopelman		
Yes on Kee	p Fairfax Fair Act" Committee		STREET ADDRESS (NO P.O. BOX	CITY CITY	STATE ZIP CODE
			سنتمست کا	Fairfax	CA 94930
			EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA CODE/PHONE
STREET ADDRESS (N	O P.O. BOX)		bobkopelman@gmail.c	com	
C Instance I-1			NAME OF ASSISTANT TREASUR	RER, IF ANY	
city Fairfax	STATE CA	ZIP CODE AREA CODE/PHONE 94930			
FULL MAILING ADDI		2130	STREET ADDRESS (NO P.O. BOX	CITY	STATE ZIP CODE
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ENAME ADDRESS OF ASSISTANT	TARRESTORS (SECURED)	AREA CORE (NUOVE
E-MAIL ADDRESS OF	COMMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
FairfaxProvide	rs@gmail.com		NAME OF PRINCIPAL OFFICER(	c)	
COUNTY OF DOMIC	ILE JURISDICTION WHERE	COMMITTEE IS ACTIVE	Bob Kopelman	3)	
Marin	Fairfax, CA		STREET ADDRESS (NO P.O. BOX	CITY	STATE ZIP CODE
			STREET ADDRESS (NO 110. BOX	Fairfax	CA 94930
			EMAIL ADDRESS OF PRINCIPAL		AREA CODE/PHONE
Attach addition	nal information on appropriately lab	eled continuation sheets.	hablanda an oan		
			bobkopelman@gm	all.com	
3. Verificati	on				W. Tree
	reasonable diligence in pre				. I certify under
penalty of perj	ury under the laws of the S				
Executed on 1	1/1/24 By				
Executed on	DATE By		A CONTRACTOR OF THE CONTRACTOR	ACLUSE DRODONENT	
Survey :-		SIGNALURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASUKE PROPUNENT	
Executed on	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	EASURE PROPONENT	

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

## CALIFORNIA 410 Statement of Organization **FORM Recipient Committee** INSTRUCTIONS ON REVERSE Page 2 D. NUMBER COMMITTEE NAME 1470545 Yes on "Keep Fairfax Fair Act" Committee 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 Wells Fargo Bank, Bob Kopelman 415-456-4892 6495848464 ADDRESS OF FINANCIAL INSTITUTION CITY STATE ZIP CODE CA 94960 3 Tunstead Ave. San Anselmo 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	PAR CHECK		
			Nonpartisan	Partisan	(list political party below)
				2 1	(Sint a Sixtural and the body)
			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

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