

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

Date Stamp

**DIGITALLY
RECEIVED AND FILED
in the office of the California
Secretary of State
JUN 25 2024**

**CALIFORNIA
FORM 410**

For Official Use Only

R / RLM

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Yes on "Keep Fairfax Fair Act" Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Fairfax CA 94930 415-637-1978

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

FairfaxProviders@gmail.com

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Fairfax, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Bob Kopelman

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
Fairfax CA 94930

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
bobkopelman@gmail.com

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Bob Kopelman

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
Fairfax CA 94930

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE
bobkopelman@gmail.com

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 06/25/2024 By Bob Kopelman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Digitally signed by Bob Kopelman
Date: 2024.06.25 09:46:15 -0700

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

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FPPC Form 410 (October/2023)

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

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME		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
Pending		Pending	Pending
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
Pending			

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)
			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	
Keep Fairfax Fair Act (Ballot No or Letter is still pending)	Fairfax, CA	SUPPORT ✓	OPPOSE
		SUPPORT	OPPOSE