Statement of Organization Recipient Committee			1) 1) 1)				Date Stamp		CALIFORNIA 410		410
Statement Type	ment Type Initial		☐ Amendment		V	Termination – See Part 5	TOWN OF FAIRFAX		For Official Use		Only
•	O Not yet qualified or	:					JAN	V - 6 2025			• •*: •
	O Date qualification t	hreshold met	Date qualific	ation threshold met		Date of termination					* .
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NAME OF COMMITTEE			-			NAME OF TREASURER John Sergeant		90.00			
Cindy Swift for	Fairfax Council	2024				STREET ADDRESS (NO P.O. BOX)	······································	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP CODE
•		•		٠.		STREET ADDRESS (NO NO. BOX)		Fairfax		CA	94930
		>	-			EMAIL ADDRESS OF TREASURER	(REQUIRED)			AREA COD	
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						NAME OF ASSISTANT TREASURE	R, IF ANY	:		-	***************************************
CITY		STATE	ZIP CODE	AREA CODE/PHONE		Cindy Swift	v.		•		
Fairfax		CA	94930		Į	STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE
FULL MAILING ADDRESS	(IF DIFFERENT)						-	Fairfax	<i>'</i>	CA	94930
E-MAII ADDRESS OF COL	MMITTEE (REQUIRED) / FAX	(OPTIONAL)	***************************************			EMAIL ADDRESS OF ASSISTANT 1	TREASURER (REQ	(UIRED)	. 2	AREA COD	E/PHONE
c.swift@comcast.n	• •	(0) 11011111	•			c.swift@comcast.net				-	
COUNTY OF DOMICILE		CTION WHERE C	OMMITTEE IS A	CTIVE	·	NAME OF PRINCIPAL OFFICER(S)	,	• •			
Marin	Fairf	ax .	* *			STREET ADDRESS (NO P.O. BOX)	····	EITY		STATE	ZIP CODE
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Attach additional i	information on appro	priately labe	iea continua	រតា០n sneets.					1 A		
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I have used all rea	sonable diligence ir					nowledge the information	n contained l	herein is true and	complete. I	certify u	nder
penalty of perjury	under the laws of t					d correct.					
Executed on 12/31	1/24						;				
	DATE					TREASURER OR ASSISTANT TREASURER					
Executed on 12/31	DATE					CEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT		······································		
Executed on		Bv				w.					
	DATE .	J,	-	SIGNATURE OF CONTROL	LING	DFFICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT				
Executed on		Ву		CICMATURE OF CONTOC	IIN'C	OFFICEHOLDER, CANDIDATE, OR STATE MEA	CURE DROCOME		***************************************		
. :	DATE			SIGNATURE OF CONTROL	LING	OFFICEHOLDER, CANDIDATE, DR STATE MEA	SOKE PROPUNENT		FPPC I	orm 410	(October/2023)

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