

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

05 / 06 / 2024

☒ Termination – See Part 5

Date of termination

12 / 31 / 2024

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number

(if applicable)

1468620

NAME OF COMMITTEE

Save Fairfax Rent Control, No on I

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Fairfax

CA

94930

FULL MAILING ADDRESS (IF DIFFERENT)

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

filings@seowenscompany.com

COUNTY OF DOMICILE

Alameda County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Fairfax, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Stacy Owens

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Oakland

CA

94607

EMAIL ADDRESS OF TREASURER (REQUIRED)

filings@seowenscompany.com

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Peter Sullivan

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Oakland

CA

94607

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

filings@seowenscompany.com

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Jack Buckhorn

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Santa Rosa

CA

95405

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

filings@seowenscompany.com

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge, information and belief, the foregoing is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/13/2025

DATE

By

SIGNATURE OF

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

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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COMMITTEE NAME

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2. Additional Officers (continued)

| | | |
|------------------------------|-------------------|----------------|
| NAME | POSITION | |
| Maddy Hirshfield | Principal Officer | |
| STREET ADDRESS (NO P.O. BOX) | CITY | STATE ZIP CODE |
| | Santa Rosa | CA 95405 |
| E-MAIL ADDRESS | AREA CODE/PHONE | |
| filings@seowenscompany.com | | |

| | | |
|------------------------------|-------------------|----------------|
| NAME | POSITION | |
| Curt Ries | Principal Officer | |
| STREET ADDRESS (NO P.O. BOX) | CITY | STATE ZIP CODE |
| | San Anselmo | CA 94960 |
| E-MAIL ADDRESS | AREA CODE/PHONE | |
| filings@seowenscompany.com | | |

| | | |
|------------------------------|-------------------|----------------|
| NAME | POSITION | |
| Maureen McManus | Principal Officer | |
| STREET ADDRESS (NO P.O. BOX) | CITY | STATE ZIP CODE |
| | Fairfax | CA 94930 |
| E-MAIL ADDRESS | AREA CODE/PHONE | |
| filings@seowenscompany.com | | |

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- 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 California Bank & Trust Marissa Quaranta, Peter Sullivan | AREA CODE/PHONE (949) 251-7770 | BANK ACCOUNT NUMBER 5802382878 | |
| ADDRESS OF FINANCIAL INSTITUTION 1900 Main Street, Suite 125 | CITY Irvine | STATE CA | ZIP CODE 92614 |

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 | |
|---|--|-----------|--|
| Rent Stabilization and Just Cause Evictions : I | City of Fairfax, CA | SUPPORT | OPPOSE <input checked="" type="checkbox"/> |
| | | SUPPORT | OPPOSE |

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4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.