

**Statement of Organization  
Recipient Committee**

**Statement Type**

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> <b>Initial</b>   | <input type="checkbox"/> <b>Amendment</b> | <input type="checkbox"/> <b>Termination – See Part 5</b> |
| <input type="checkbox"/> Not yet qualified<br>or<br><input checked="" type="checkbox"/> Date qualification threshold met | Date qualification threshold met          | Date of termination                                      |
| 05 / 06 / 2024   | _____ / _____ / _____                     | _____ / _____ / _____                                    |

Date Stamp  
**DIGITALLY  
RECEIVED AND FILED**  
in the office of the California  
Secretary of State  
**AUG 5 2024**

**CALIFORNIA  
FORM 410**  
For Official Use Only

|   |   |
|---|---|
| <b>1. Committee Information</b>   | <b>I.D. Number</b><br><i>(if applicable)</i><br>1468620       |
| NAME OF COMMITTEE<br>Save Fairfax Rent Control  |   |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]  |   |
| CITY<br>Fairfax   | STATE<br>CA   |
| ZIP CODE<br>94930   | AREA CODE/PHONE<br>[REDACTED]                                 |
| FULL MAILING ADDRESS (IF DIFFERENT)<br>[REDACTED]                                     |   |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)<br>filings@seowenscompany.com |   |
| COUNTY OF DOMICILE<br>Alameda County  | JURISDICTION WHERE COMMITTEE IS ACTIVE<br>City of Fairfax, CA |
| Attach additional information on appropriately labeled continuation sheets.           |   |

|  |                    |                               |                   |
|--|--------------------|-------------------------------|-------------------|
| <b>2. Treasurer and Other Principal Officers</b>                               |                    |                               |                   |
| NAME OF TREASURER<br>Stacy Owens   |                    |                               |                   |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]                                     | CITY<br>Oakland    | STATE<br>CA                   | ZIP CODE<br>94607 |
| EMAIL ADDRESS OF TREASURER (REQUIRED)<br>filings@seowenscompany.com            |                    | AREA CODE/PHONE<br>[REDACTED] |                   |
| NAME OF ASSISTANT TREASURER, IF ANY<br>Peter Sullivan                          |                    |                               |                   |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]                                     | CITY<br>Oakland    | STATE<br>CA                   | ZIP CODE<br>94607 |
| EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)<br>filings@seowenscompany.com  |                    | AREA CODE/PHONE<br>[REDACTED] |                   |
| NAME OF PRINCIPAL OFFICER(S)<br>Jack Buckhorn                                  |                    |                               |                   |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]                                     | CITY<br>Santa Rosa | STATE<br>CA                   | ZIP CODE<br>95405 |
| EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)<br>filings@seowenscompany.com |                    | AREA CODE/PHONE<br>[REDACTED] |                   |

**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 [REDACTED]

Executed on 07/31/2024 By [REDACTED]

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

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

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

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INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME  
Save Fairfax Rent Control

I.D. NUMBER  
1468620

2. Additional Officers (continued)

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

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

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

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|   |                        |
|---|------------------------|
| COMMITTEE NAME<br>Save Fairfax Rent Control | I.D. NUMBER<br>1468620 |
|---|------------------------|

**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<br>California Bank & Trust | AREA CODE/PHONE<br>(949) 251-7770 | BANK ACCOUNT NUMBER<br>5802382878 |
| ADDRESS OF FINANCIAL INSTITUTION<br>1900 Main Street, Suite 125  | CITY<br>Irvine                    | STATE<br>CA                       |
|  |                                   | ZIP CODE<br>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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE |          |                              |
|---|---|------------------|-----------------|----------|------------------------------|
|   |   |                  | Nonpartisan     | Partisan | (list political party below) |
|   |   |                  | 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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.   | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |  |
|---|--|-----------|--|
|   |  | SUPPORT   | OPPOSE                                     |
| Fairfax's Rent Stabilization Program and Just Cause Evictions ordinances promote neighborhood and community stability, healthy housing, and affordability for renters in Fairfax. : TBD | 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.