

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

TOWN OF FAIRFAX

MAR 04 2025

RECEIVED

CALIFORNIA  
FORM

410

For Official Use Only

1. Committee Information

I.D. Number  
(If applicable)

PENDING

NAME OF COMMITTEE

Fairfax Committee for Peace and Civility: No on Recall of Mayor  
Blash and Vice Mayor Hellman

STREET ADDRESS (NO P.O. BOX)

CITY  
FAIRFAX

STATE  
CA

ZIP CODE  
94930

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

FAIRFAXFORCIVILITY@GMAIL.COM

COUNTY OF DOMICILE

MARIN

JURISDICTION WHERE COMMITTEE IS ACTIVE

FAIRFAX

2. Treasurer and Other Principal Officers

NAME OF TREASURER

TED HELLMAN

STREET ADDRESS (NO P.O. BOX)

CITY

FAIRFAX

STATE

CA

ZIP CODE

94930

E-MAIL ADDRESS OF TREASURER (REQUIRED)

tah225@gmail.com

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

LISEL BLASH, STEPHANIE HELLMAN

STREET ADDRESS (NO P.O. BOX)

CITY

FAIRFAX

STATE

CA

ZIP CODE

94930

E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

FAIRFAXFORCIVILITY@GMAIL.COM

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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.

Executed on 02/26/25  
DATE

By

Executed on 02/26/25  
DATE

By

Executed on 02/26/25  
DATE

By

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Fairfax Committee for Peace and Civility: No on Recall of Mayor Blash and Vice Mayor Hellman

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

BANK OF MARIN

AREA CODE/PHONE

415-485-2276

BANK ACCOUNT NUMBER

PENDING

ADDRESS OF FINANCIAL INSTITUTION

1101 FOURTH STREET

CITY

SAN RAFAEL

STATE

CA

ZIP CODE

94901

**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		
STEPHANIE HELLMAN	TOWN COUNCIL MEMBER	2019	Nonpartisan ✓	Partisan	(list political party below)
LISEL BLASH	TOWN COUNCIL MEMBER	2022	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	
RECALL STEPHANIE HELLMAN	TOWN COUNCIL MEMBER	SUPPORT	OPPOSE ✓
RECALL LISEL BLASH	TOWN COUNCIL MEMBER	SUPPORT	OPPOSE ✓

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COMMITTEE NAME

I.D. NUMBER

**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.