

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

04 / 26 / 25

Date Stamp

TOWN OF FAIRFAX

APR 29 2025

RECEIVED

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Fairfax Forward: Better Roads Ahead - Yes on Measure J 2024

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)

FxMeasureJ2024@gmail.com

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Fairfax

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lisel Blash

STREET ADDRESS (NO P.O. BOX)

CITY

Fairfax

STATE

CA

ZIP CODE

94930

EMAIL ADDRESS OF TREASURER (REQUIRED)

Lisel4Fairfax@gmail.com

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Chance Cutrano

STREET ADDRESS (NO P.O. BOX)

CITY

Fairfax

STATE

CA

ZIP CODE

94930

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

ccutrano@gmail.com

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Lisel Blash

STREET ADDRESS (NO P.O. BOX)

CITY

Fairfax

STATE

CA

ZIP CODE

94930

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

Lisel4Fairfax@gmail.com

AREA CODE/PHONE

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

Executed on April 26, 2025
DATE

By

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)

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