Statement of Organization					Date Stamp	CALIFORNIA	6
Recipient Committee					White the state of	FORM 41	$\cup$
Statement Type	☐ Initial	☐ Amendment	V	Termination - See Part 5	TOWN OF FARFAX	For Official Use Only	
	Not yet qualified or		descriptions	to see processing	APR 2 9 2025		
	O Date qualification threshold met	Date qualification threshold met	uninterior	Date of termination	SNB, 997 phil true 7 to 2 200 to be		
	/	//	opposition and the second	04 26 25	PECT VED	EXILIDATE AND	
1. Committee Information (f applicable)				2. Treasurer and O	ther Principal Officers		
NAME OF COMMITTEE				NAME OF TREASURER			
Fairfax Forward: Better Roads Ahead - Yes on Measure J 2024							
				STREET ADDRESS (NO P.O. BOX)		STATE ZIP CO	
					Fairfax	CA 949	30
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER		AREA CODE/PHONE	
				Lisel4Fairfax@gmail.com			
CITY	STATE	ZIP CODE AREA CODE/PHONE	-	NAME OF ASSISTANT TREASURE Chance Cutrano	ER, IF ANY		
Fairfax	CA	94930		STREET ADDRESS (NO P.O. BOX)	СіТҮ	STATE ZIP CO	ODE
FULL MAILING ADDRESS (	IF DIFFERENT)			STREET ADDRESS (NO P.O. BOA)	Fairfax	CA 949	
				EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				ccutrano@gmail.com		ARCA CODE, I HOME	İ
FxMeasureJ2024@gmail.com				NAME OF PRINCIPAL OFFICER(S)		DESCRIPTION OF THE PROPERTY OF	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			Lisel Blash				
Marin	Fairfax			STREET ADORESS (NO DO POX)	CITY	STATE ZIP CO	
					Fairfax	CA 949	930
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF PRINCIPAL		AREA CODE/PHONE	
reconstruction on appropriately tableca community sieces.				Lisel4Fairfax@gm	nall.com		
			12/67/55				
3. Verification							
I have used all reas	onable diligence in preparing thi	s statement and to the boot o	onen S	ny knowledge the informatio	n contained herein is true and	complete   certify under	E and September 1
	under the laws of the State of Ca				nerem is true and	complete. Teertify differ	
April	26, 2025						
Executed on	DATE By	COMMONICA SECURENCIA MEDICANO ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-				magacinasco	
Executed on	8v						
	DATE	SIGNATURE OF CONTROL	LLING	G OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT	Manager Service Servic	
Executed on	DATE By	PER INTER AS ACCORD	11111	COFFICING OF CANCER AS AS ASSESSMENT	CLOP OROBOLISM	MACANIQUAN	
		SIGNATURE OF CONTROL	LLING	G OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PRUPUNENT		
Executed on	By	SIGNATURE OF CONTROL	110916	G OSSICEUOLDER CANDIDATE OR STATE MEA	CLIDE ADOROMENT	79-07-00m000m0	

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