

Statement of Organization  
Recipient Committee

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input checked="" type="checkbox"/> Termination - See Part 5 Date of termination 03 / 31 / 2025
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Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

1. Committee Information	I.D. Number	1459573	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Committee to Support the Keep Fairfax Fair Act, Yes on Measure I, sponsored by Keep Fairfax Fair			NAME OF TREASURER Michael Burke			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY San Rafael			STATE CA	ZIP CODE 94901	AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Fairfax, CA 94978			NAME OF ASSISTANT TREASURER, IF ANY Deborah London			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) keepfairfaxfair@gmail.com			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTRY OF DOMICILE Marin			CITY San Rafael	STATE CA	ZIP CODE 94901	AREA CODE/PHONE [REDACTED]
JURISDICTION WHERE COMMITTEE IS ACTIVE Town of Fairfax			NAME OF PRINCIPAL OFFICER(S) Pamela Burke			
Attach additional information on appropriately labeled continuation sheets.			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
			CITY San Rafael	STATE CA	ZIP CODE 94901	AREA CODE/PHONE [REDACTED]

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

Executed on 4/24/25 By [REDACTED]  
Executed on [REDACTED] By [REDACTED]  
Executed on [REDACTED] By [REDACTED]  
Executed on [REDACTED] By [REDACTED]

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME Committee to Support the Keep Fairfax Fair Act, Yes on Measure I, sponsored by Keep Fairfax Fair	I.D. NUMBER 1459573
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE		BANK ACCOUNT NUMBER	
First Federal Savings & Loan of San Rafael		(415) 457-5050		0031112816	
ADDRESS		CITY		STATE	ZIP CODE
2009 Sir Francis Drake Blvd		Fairfax		CA	94930

**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	
Keep Fairfax Fair Act - Measure I	Town of Fairfax	SUPPORT ✓	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3

I.D. NUMBER

1459573

COMMITTEE NAME

Committee to Support the Keep Fairfax Fair Act, Yes on Measure I, sponsored by Keep Fairfax Fair

**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

Keep Fairfax Fair

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Rental Housing Providers

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Rafael

CA

94901

**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.