Statement of Organization Recipient Committee Statement Type Vinitial Not yet qualified or	ermination – See Part 5	TOWN OF FAIRFAX JUL 2 4 2025	FORM 410
O Date qualification threshold met Date qualification threshold met	Date of termination	RECEIVED	
1. Committee Information I.D. Number PENDING NAME OF COMMITTEE TOP AID RECALL	NAME OF TREASURER	ther Principal Officers	
AM FAIRFAY COMMITTEE FOR NO RECALL 6F MAYOR LISEL BLASH AMD VICE MAYOR STEPHANIE HELLMAN	TEO HELL STREET ADDRESS (NO PO BOX)	CITY	STATE 71P CODE
STEPHANIE HELLMAN	EMAIL ADDRESS OF TREASURER + 9 h 225 @ NAME OF ASSISTANT TREASURER	gmail.com	AREA CODE/PHONE 415 250 6284
FAIR FAY CA 94930 FULL MAILING ADDRESS (IF DIFFERENT)	N /A STREET ADDRESS (NO P.O. BOX)		STATE ZIP CODE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) FAIRFAX 4 CIVILITY @ GMAIL . COM	EMAIL ADDRESS OF ASSISTANT NAME OF PRINCIPAL OFFICER(S		AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE HARIN FAIRFAY	LISEL BLA	ASH, STEPHANIE	HELLMAN STATE ZIRCODE
Attach additional information on appropriately labeled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED) CIVILITY @ GMI	AIL. COM 415 250 5129
Verification I have used all reasonable diligence in preparing this statement and to the best of my keeps.	rnowlodgo the informatio	n contained berein is true and	(complete Loortifu under
penalty of perjury under the laws of the State of Ca	diowiedge the informatio	in contained herein is true and	complete. Testify under
Executed on 7/23/25 By			
Executed on 07.21.2025 By			
Executed on By	FICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	FDDC Fours #40 (Oatobox /2022)

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INSTITUTIONS ON REVERSE					Page 2	STORE AND A TORE THE METERS WHEN A STORE THE ADMINISTRATING AND A TORE AND A STORE AND A S
COMITTEE NAME	ett prince en eur proces ant ann antigen en en son ten est freignete som en trock de les annexes par en rock p Ten en e	о до на до на село в верхине на почение на предоставления и почения на предоставления на предоставления на пре		veranja di manara manarakan	I.D. NUMBER	क्रमान्त्रीयाच्यां व्यक्तिमा व्यक्ति कृत्याच्यात्मा इन्नन्त्रम् वाङ्गान्यक्ष्यात्मात्मान्त्रक्ष्यात्मा इन्तर्भ
· If committees must list the financial institution where the car	mpaign bank account is located a	nd the person(s) auti	norized to	obtain bar	nk records.	Andrewing and the second secon
NAMOF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECO	PRDS	AREA CODE/PHONE		BANK ACCO	UNT NUMBER	PRE PRESIDENT CONTRACTOR CONTRACT
BANK OF MARIN		45 485	2276	, PEA	DING	
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_ 1101 FOURTH ST	SAN RAFAGE	CA .			9490	7
4. Tpe of Committee Complete the applicable sections						
Cotrolled Committee		registra de consentrat de la company de La company de la company de	(PAPECHO PRINCE DO CONTRACTOR DE L'ARTEC		THE COST OF THE PARTY AND THE PART	
 Lit the name of each controlling officeholder, candidate, or starting allo list the elective office sought or held, and district number, it 			trolled,			
List the political party with which each officeholder or candidat	e is affiliated or check "nonpartis	n." Stating "No party	preferenc	ce" is accep	table.	
of this committee acts jointly with another controlled committee	e, list the name and identification	number of the other	controlle	d committe	e.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGH (INCLUDE DISTRICT NUMBER		YEAR OF	PART CHECK		
STEPHANIE HELLMAN	TOWN COUNCIL	MENBER		Nonpartisan	Partisan	(list political party below)
1.00	1 0 14 10 14	16.1000		Nonpartisan	Partisan	(list political party below)

20-statement and a	(INCLUDE DISTRICT NOWBER IF AFFLICABLE)		ELECTION	CHECK	ONE	
	SCHOOL OF THE PROPERTY OF THE			Nonpartisan	Partisan	(list political party below)
	STEPHANIE HELLMAN	TOWN COUNCIL MEIGHER	N (C) had a supplement of the constraint	V	La Tille Control Contr	
r) or and a			1	Nonpartisan	Partisan	(list political party below)
L	LISEL BLASH	TOWN COUNCIL MEMBER		/		

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