

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

JUL 24 2025

RECEIVED

CALIFORNIA  
FORM

410

For Official Use Only

1. Committee Information

i.D. Number  
(if applicable)

PENDING

NAME OF COMMITTEE

FAIRFAX COMMITTEE FOR NO RECALL  
OF MAYOR LISEL BLASH AND VICE MAYOR  
STEPHANIE HELLMAN

CITY STATE ZIP CODE AREA CODE/PHONE  
FAIRFAX CA 94930

FULL MAILING ADDRESS (IF DIFFERENT)

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

FAIRFAX4CIVILITY@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

TED HELLMAN

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF TREASURER (REQUIRED)

tah225@gmail.com

AREA CODE/PHONE

415 250 6284

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

LISEL BLASH, STEPHANIE HELLMAN

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

FAIRFAX4CIVILITY@GMAIL.COM

AREA CODE/PHONE

415  
250 5129

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 7/23/25

DATE

By

Executed on 07.23.2025

DATE

By

Executed on 07.21.2025

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME			I.D. NUMBER		
<p>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</p>					
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS			AREA CODE/PHONE		BANK ACCOUNT NUMBER
BANK OF MARIN			415 485 2276		PENDING
ADDRESS OF FINANCIAL INSTITUTION		CITY	STATE	ZIP CODE	
1101 FOURTH ST		SAN RAFAEL	CA	94901	
<p>4. Type of Committee Complete the applicable sections.</p>					

**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		Nonpartisan ✓	Partisan	(list political party below)
LISEL BLASH	TOWN COUNCIL MEMBER		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 ✓