Recipient Committee		**				COVER PAGE					
				Date Stamp	C	ALIFORNIA 460					
Campaign Statement				TOVEN OF PA	REAX	FORM 400					
Cover Page				-		The state of the s					
The second secon		Statement severs period	Date of election if applicable:	JUL 282	025 P	age 1 of 8					
		Statement covers period	(Month, Day, Year)	JUL & C Z	ULS	For Official Use Only					
	f	rom 4/1/25	-	18 - A-10 /3	FW.	1.77 7.11.0 1.11 7.11					
e.		6/20/25		RECEIVE	-0	3 m =					
SEE INSTRUCTIONS ON REVERSE	·ti	hrough 6/30/25	-	William State of the State of t							
1. Type of Recipient Committee: All Com	mittees – Compl	ete Parts 1, 2, 3, and 4.	2. Type of Statement:								
V Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Con	narily Formed Ballot Measure nmittee Controlled Sponsored Complete Part 6)	Preelection Statement								
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Offic	parily Formed Candidate/ seholder Committee complete Part 7)									
3. Committee Information		UMBER 0550	Treasurer(s)			-					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO C		9558	NAME OF TREASURER								
	he Fairfax Committee for Peace and Civility: No on Recall of Mayor				Ted Heliman						
Blash and Vice Mayor Hellman					MAILING ADDRESS						
and the state of t											
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE					
			Fairfax	CA	94930						
CITY STAT	E ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		0 1000						
Fairfax CA	94930										
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET			MAILING ADDRESS								
CITY STAT	E ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE					
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDR.	RESS							
farifax4civility@gmail.com			tah225@gmail.com								
I. Verification			CONTEST OF STREET								
I have used all reasonable diligence in preparing	and reviewing t	his statement and to the hest of m	v knowledge the information contained	d herein and in the atta	ched schedul	es is true and complete. I					
certify under penalty of perjury under the laws of t											
Executed on 7/28/25											
	*-										
Executed on 7.28 125											
Dete				isponsible Office	er of Sponsor						
Executed on 7/28/25				Proponent							
Executed on 7/28/25		Du									
Executed on Date		Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		FPPC Form 460 (Jan/2016))					
						TEEL FORM 460 (Jan/2016))					

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page 2 of 8

Officeholder or Candidate Contro	olled Committee	6. Primarily Formed Ballot	ımittee					
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE						
Stephanie Hellman & Lisel Blash								
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT			
Councilmember, Town of Fairfax			<u> </u>		OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY STATE ZIP							
142 Bolinas Rd.	Fairfax CA 94930	Identify the controlling office			onent, if any.			
Polated Committees Not Include	d in this Statement: List any committees	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPO	JNENI				
	rolled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY			
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candi officeholder(s) or candidate(s) is	date/Officehol for which this comm	der Committee Li	st names of d.			
	YES NO							
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR C	ANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT			
					OPPOSE			
CITY	TATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT			
					OPPOSE			
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR C	ANDIDATE OFF	FICE SOUGHT OR HELD	SUPPORT			
					OPPOSE			
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR C	ANDIDATE OFF	FICE SOUGHT OR HELD				
TAME OF THE AGONE IN	CONTROLLED COMMITTEE?				CUBBORT			
	YES NO	.,,			SUPPORT			
					SUPPORT OPPOSE			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

| Statement covers period | CALIFORNIA | 460 | FORM | 4/1/25 | Page 3 | of 8 | | 1.D. NUMBER | 1479558

NAME OF FILER The Fairfax Committee for Peace and Civility: No on Recall of May	yor Blash and Vice May	or Hellman	1.D. NUMBER 1479558
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 2740.08 0 \$ 0 \$	**Example 1	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$ 8093.74 \$ 8093.74 \$ 8093.74	\$ 10400.69 \$ 10400.69	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 7263.85 2740 8093.74 \$ 1910.11	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 4/1/25	california 460					
through 6/30/25	Page 4 of 8					

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Fairfax Committee for Peace and Civility: No on Recall of Mayor Blash and Vice Mayor Hellman

I.D. NUMBER 1479558

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
North Bay Labor Council, AFL-CIO Santa Rosa, CA	OTH PTY SCC		1000		
Patricia Garbarino , San Rafael CA	COM OTH PTY SCC	President, Marin Sanitary Service	500		
Daniel Cardozo Fairfax CA	V IND COM OTH PTY SCC	Not Employed	250	500	
Eric Lucan Novato, CA	V IND COM OTH PTY SCC	Marin County Supervisor, District 5	200		
Heidi Tomsky , Novato CA	COM OTH PTY	Execitive Director, Fairfax San Anselmo Children's Center	100		
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) North Bay Labor Council, AFL-CIO Santa Rosa, CA Patricia Garbarino San Rafael CA Daniel Cardozo Fairfax CA Eric Lucan Novato, CA	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) North Bay Labor Council, AFL-CIO COM OTH PTY SCC Patricia Garbarino San Rafael CA Daniel Cardozo Fairfax CA Eric Lucan Novato, CA CONTRIBUTOR CODE * IND COM OTH PTY SCC Heidi Tomsky Novato CA	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) North Bay Labor Council, AFL-CIO Santa Rosa, CA Patricia Garbarino San Rafael CA Daniel Cardozo Fairfax CA President, Marin Sanitary Service Patricia Cardozo Fairfax CA Pind COM OTH PTY SCC Find Com OTH PTY SCC Fairfax CA Pind Com OTH PTY SCC Fairfax CA President, Marin Sanitary Service President, Marin County Service Prind Com OTH PTY SCC Find Com OTH PTY SCC Fairfax San Anselmo Children's Center	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) North Bay Labor Council, AFL-CIO Santa Rosa, CA Patricia Garbarino San Rafael CA Daniel Cardozo Fairfax CA Eric Lucan Novato, CA Novato CA CONTRIBUTOR CODE * IND COM OTH PTY SCC President, Marin Sanitary Service President, Marin Sanitary Service Not Employed 250 Marin County Supervisor, District 5 Warin County Supervisor, District 5 Exective Director, Fairfax San Anselmo OTH COM OTH PTY SCC Exective Director, Fairfax San Anselmo OTH Coliderer's Center	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) North Bay Labor Council, AFL-CIO Santa Rosa, CA Patricia Garbarino San Rafael CA Patricia Garbarino San Rafael CA President, Marin Sanitary Service Patricia Cardozo Fairfax CA President, Marin Sanitary Service Poniel Cardozo Fairfax CA President, Marin Sanitary Service President, Marin County Supervisor, District 5 Not Employed President, Marin County Supervisor, District 5 Eric Lucan Novato, CA President, Marin Sanitary Service President, Marin County Supervisor, District 5 Not Employed President, Marin Sanitary Service President, Marin County Supervisor, District 5 President, Marin Sanitary Service President, Marin Sanitary S

Schedu	le A	Summary
--------	------	----------------

1. Amount received this period - itemized monetary contributions. £ 2450 (Include all Schedule A subtotals.)

IND - Individual

2. Amount received this period – unitemized monetary contributions of less than \$100\$

COM -- Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

*Contributor Codes

SCC - Small Contributor Committee

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 2740

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Schedule A (Continuation Sheet) **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460				
Page 5 of 8				
I.D. NUMBER 1479558				

NAME OF FILER

The Fairfax Committee for Peace and Civility: No on Recall of Mayor Blash and Vice Mayor Hellman

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)	
5/29/25	Leah Simon-Weisberg , Berkeley CA	V IND COM OTH PTY SCC	Executive Director, Movement Legal	100			
6/3/25	Barbara Coler , Fairfax, CA 94930	V IND COM OTH PTY SCC	Coler Environmental Consulting LLC	100	350		
6/18/25	James Costello Farifax CA 94930	VIND COM OTH PTY SCC	Consultant James Costello	100			
6/23/25	Julia Hellman San Francisco CA	COM OTH PTY SCC	Emergency Medicine Physician, Indian Health Service	100			
		IND COM OTH PTY SCC			[40]		

SUBTOTAL \$ 400

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

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	Schedule B – Part 1 Loans Received		An	mounts may be ro to whole dollars			Statement cov	ers period	CALIFORNIA 460				
251	- INIOTI									through 6/30/25	5	Page 6	of 8
	ME OF F	RUCTIONS C	ON REVER	ISE						mough		I.D. NUMBER	01
													/
The	e Fair	iax Comr	mittee fo	or Peace	and Civ	vility: No on Recall of Mayor	r Blash and Vic	e Mayor Helin	nan			1479558	
F		AME, STREE OI F COMMITTEE,	OF LENDER	R		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	RECEIVED THIS	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
T	Ted He	allman				Director, JPMC			✓ PAID				CALENDAR YEAR
	56	HITTIGHT.				Director, or me			\$ 680.80	\$ <u>0</u>	0 %	s_680.80	s <u>0</u>
F	airfax	, CA 949:	30				680.80		FORGIVEN		RATE		PER ELECTION**
t.	IND	СОМ	ОТН	PTY	scc		\$	\$	\$	DATE DUE	\$	DATE INCURRED	*
	1140		J.,.		000				PAID		-		CALENDAR YEAR
									5			8	
							1 7		7	· ·	RATE	3	3
									FORGIVEN				PER ELECTION**
†	IND	COM	ОТН	PTY	SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	1100				-		1		PAID				CALENDAR YEAR
									8	9	4	e	
									TODOU/EN	-	RATE	3	5
									FORGIVEN				PER ELECTION™
t			~				\$	\$	\$	DATE DUE	\$	- TATE THOUSED	\$
1	IND	COM	ОТН	PTY	SCC					DATE DUE		DATE INCURRED	
						1	SUBTOTALS \$	\$	\$	\$	\$		
-	- land	i. D.C									(Enter (e) on Sched	dule E, Line 3)	
		ule B S		-					. 0				
1.	Loans	s receive	d this pr	eriod	*********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************	\$				
						ins of less than \$100.)			680	0.80	(t	Contributor Codes	s
						100 paid or forgiven.)		***************				ND - Individual	
						at are also itemized on Sche	edule A)				C	COM Recipient Co	
						ne 2 from Line 1.)			NET \$ -68	0.80	C	OTH - Other (e.g., I	PTY or SCC) business entity)
						ary Page, Column A, Line 2.					P	PTY - Political Part	ty
						, , , age,					S	SCC - Small Contri	ibutor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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(May be a negative number)

						SCHEDULE	
Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 4/1/25		FORM 460	
				through 6/30/25	Page .	7 of 8	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NU		
The Fairfax Committee for Peace and Civility: No on Reca	III of Mayor Blash	and Vice Mayor	Hellman		1479	558	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings a office experience of petition cir. PHO phone ban POL polling and postage, d	ommunications and appearances inses culating	er services	rwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro TRC candidate travel, lodging, at Staff/spouse travel, lodging, TSF transfer between committee voter registration web information technology cost	duction cost duction cost and meals and meals as of the sar	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DES	SCRIPTION OF PAYMENT		AMOUNT PAID	
Autumn Press Berkeley, CA 94710		СМР				4144.69	
Lyons Design Fairfax, CA		PRO				750	
FedEx Office , San Rafael, CA 94901		LIT				1121.19	
* Payments that are contributions or independent expenditures must also t	be summarized on Sc	hedule D.		SL	JBTOTAL	\$ 6015.88	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				\$ _	6830.78	
2. Unitemized payments made this period of under \$100			******************		\$	1262.96	
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	art 1, Column (e)	.)	#1 b f #f # f k b x x + x 4 f f d k y + x 4 f k b k b k b k b k d k b k d b k f k + d k k b b k f	\$_	0	
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and o	n the Summary	Page, Column	A. Line 6.)	TAL S	8093.74	

Schedule E			SCHEDULE E (CON
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 4/1/25 from	california 460
SEE INSTRUCTIONS ON REVERSE		through _6/30/25	Page of8
NAME OF FILER			I.D. NUMBER
The Fairfax Committee for Peace and Civility:	No on Recall of Mayor Blash and Vice Mayor Hellman		1479558
CODES: If one of the following codes accur	ately describes the payment, you may enter the code.	Otherwise, describe the payment.	
CMP campaign paraphemalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	costs

CMP CNS CTB CVC FIL FND IND	CES: If one of the following codes accurately describes campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research			RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs	e candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
Trac	der Joes San Rafael, CA 94901			CMP				134.10
Ted	Hellman				i oan Ben	ayment		680.80

San Rafael, CA 94901		
Ted Hellman Fairfax, CA 94930	Loan Repayment	680.80

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 814.90