Recipient Committee Campaign Statement Cover Page

Statement covers period from 1/1/2023 through 3/31/2023

Date of election if applicable (Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

of Recipient Committee
☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ (Not Complete Part 4)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ (Not Complete Part 4)

☐ Primarily Formed Candidate Officeholder Committee
☐ (Not Complete Part 4)

2. Type of Statement:
☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER 14593723

Committee to Support the Keep Fairfax Fair Act, sponsored by Keep Fairfax Fair

STREET ADDRESS (NO P.O. BOX)

CITY
San Rafael
STATE CA
ZIP CODE 94901
AREA CODE/PHONE

MAILING ADDRESS (DIFFERENT NO. AND STREET OR P.O. BOX)

CITY
San Rafael
STATE CA
ZIP CODE 94901
AREA CODE/PHONE

OPTIONAL: TAX/EMAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on ____________________

Signed _______________________

By Signature of Treasurer or Assistant Treasurer

Executed on ____________________

Signed _______________________

By Signature of Controlling Officialholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on ____________________

Signed _______________________

By Signature of Controlling Officialholder, Candidate, State Measure Proponent

Executed on ____________________

Signed _______________________

By Signature of Controlling Officialholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advisor: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Keep Fairfax Fair Act

BALLOT NO. OR LETTER JURISDICTION

TBD Town of Fairfax

SUPPORT

OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/375-3772)
www.fppc.ca.gov
<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTALS PERIOD FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>7/1 to Date</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$477.50</td>
<td></td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$477.50</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$477.50</td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$4,158.00</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$4,158.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$6,635.50</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Cash Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16 $0.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 $2,000.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4 $477.50</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 $477.50</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subract Line 15 $1,523.50</td>
</tr>
<tr>
<td>If this is a termination statement, Line 16 must be zero.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>(if Subject to Voluntary Expenditure Limit)</td>
</tr>
<tr>
<td>Data of Election (mm/dd/yyyy)</td>
<td>Total to Date $_________</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
### Schedule A

**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

**Statement covers period**

from 1/1/2023 through 3/31/2023

**CALIFORNIA FORM 460**

**Page 4 of 6**

**Committee to Support the Keep Fairfax Fair Act, sponsored by Keep Fairfax Fair**

**I.D. NUMBER**

1459573

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (OF SELF-EMPLOYED ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/14/2023</td>
<td>Keep Fairfax Fair</td>
<td></td>
<td></td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
</tr>
<tr>
<td></td>
<td>San Rafael, CA 94901</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 2,000**

### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ................................................................. $ 2,000.00

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

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................... TOTAL $ 2,000.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SSC – Small Contributor Committee

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www.fppc.ca.gov
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2023
through 3/31/2023

Committee to Support the Keep Fairfax Fair Act, sponsored by Keep Fairfax Fair

I.D. NUMBER 1459573

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OPC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributors</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>TV or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>Information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariniscop</td>
<td>PRT</td>
<td>Publication of Notice of Intent to Circulate and Title &amp; Summary</td>
<td>477.50</td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 477.50
2. Unitemized payments made this period of under $100. $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 477.50

FPPC Form 460 (Jan/2015)
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www.fppc.ca.gov
Schedule F  
Accrued Expenses (Unpaid Bills)  
Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD (ALSO INCURRED)</th>
<th>(c) AMOUNT PAID</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nielsen Merksamer Patrinello Gross &amp; Leoni, LLP</td>
<td>PRO</td>
<td>$0.00</td>
<td>$4,158.00</td>
<td>$0.00</td>
<td>$4,158.00</td>
</tr>
</tbody>
</table>

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

SUBTOTALS $ $0.00 | $4,158.00 | $0.00 | $4,158.00

Schedule F Summary
1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) .......................... INCURRED TOTALS $ 4,158.00
2. Total accrued expenses paid this period. (Include all Schedule F. Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ............................................. PAID TOTALS $ 0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .......................................................... NET $ 4,158.00