

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 09 / 05 / 2024	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination ____ / ____ / ____
--	---	---

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE  Citizens for Public Safety 2024, Supporting Woodland Measure U				NAME OF TREASURER Marlin "Skip" Davies			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Woodland	STATE CA	ZIP CODE 95695
CITY Woodland		STATE CA	ZIP CODE 95695	EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]	AREA CODE/PHONE [REDACTED]		
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY Max E Coston			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY La Mesa	STATE CA	ZIP CODE 91941
COUNTY OF DOMICILE Yolo	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Woodland			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]	AREA CODE/PHONE [REDACTED]		
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) Tom Stallard			
				STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Woodland	STATE CA	ZIP CODE 95695
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]	AREA CODE/PHONE [REDACTED]		

**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 that the foregoing is true and correct.

Executed on	09/05/2024	By	Max Coston	
	DATE			SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	_____	By	_____	_____
	DATE			SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	_____
	DATE			SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	_____
	DATE			SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Citizens for Public Safety 2024, Supporting Woodland Measure U	I.D. NUMBER
--	-------------

**All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of San Francisco	AREA CODE/PHONE 415.744.6700	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION 345 California St #1600	CITY San Francisco	STATE CA	ZIP CODE 94104

**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	
Measure U	City of Woodland	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

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      INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS      NO. AND STREET      CITY      STATE      ZIP CODE      AREA CODE/PHONE

**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.