

Statement of Organization Recipient Committee

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

Statement Type [] Initial [X] Amendment [] Termination - See Part 5

Not yet qualified [] or

[] Date qualification threshold met

Date qualification threshold met

Date of termination

2024-09-05

1. Committee information

I.D. Number (if applicable) 1474707

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Citizens for Public Safety 2024, Supporting Woodland Measure U

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Woodland, CA 95695

FULL MAILING ADDRESS (IF

La Mesa, CA 91944

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

COUNTY OF DOMICILE

Yolo

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Woodland

NAME OF TREASURER

Marlin Davies

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Woodland, CA 95695

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Max E. Coston

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

La Mesa, CA 91941

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Tom Stallard

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Woodland, CA 95695

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets

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 09/11/2024 By

Max Coston

Digitally signed by Max Coston Date: 2024.09.11 19:41:27 -07'00'

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME
Citizens for Public Safety 2024, Supporting Woodland Measure U

I, D, NUMBER
1474707

- 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		AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of San Francisco		Marvin Andrade (415) 744-6700	[REDACTED]
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
345 California Street 1600	San Francisco, CA	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		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
Measure U BALLOT LETTER OR NUMBER:	JURISDICTION: City of Woodland	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>