

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Citizens for Public Safety 2024, Supporting Woodland Measure U		Date of This Filing 10/18/2024 09:50	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALIFORNIA FORM 497</div> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1474707	Report No. 59		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Woodland, CA 95695	STATE	ZIP CODE	No. of Pages 2	

RECEIVED

OCT 18 2024

CITY CLERK'S OFFICE

1. Contribution(s) Received

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
2024-10-17	Woodland Hoteliers Group 405 Main Street Woodland, CA 95695	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

* 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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AREA CODE/PHONE NUMBER 6199516315	I.D. NUMBER (if applicable) 1474707	Report No. _____		
STREET ADDRESS 712 Main st Ste 200		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Woodland, CA STATE CA ZIP CODE 95695		No. of Pages 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____