

Statement of Organization

Recipient Committee

Statement Type

Initial

Not yet qualified

or

Date qualification threshold met

Date qualification threshold met

Date of termination

Termination ~ See Part 5

RECEIVED

CITY OF HANFORD

OCT 14 REC'D

CITY CLERK

Date Stamp

CALIFORNIA

410

FORM

For Official Use Only

1. Committee Information	I.D. Number <i>(If applicable)</i>
NAME OF COMMITTEE	

Citizens, Firefighters and Police Officers for a Safer Hanford, Yes on
Measure H, 2024

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

CITY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

2. Treasurer and Other Principal Officers

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 information contained in this statement is true and accurate.

Executed on	4-20-2024	DATE	By
Executed on	4/18/2024	DATE	By
Executed on		DATE	By
Executed on		DATE	By
Executed on		DATE	By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Citizens, Firefighters and Police Officers for a Safer Hanford, Yes on Measure H, 2024

Statement covers period from <u>07/01/2024</u>	CALIFORNIA FORM	SUMMARY PAGE
through <u>09/21/2024</u>	460	Page <u> </u> of <u> </u>
I.D. NUMBER		

Contributions Received

Column A
 (FROM ATTACHED SCHEDULES)

Column B
 CALENDAR YEAR
 TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$ <u>6,938.41</u>	\$ <u> </u>
2. Loans Received	Schedule B, Line 3	\$ <u> </u>	\$ <u> </u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>6,938.41</u>	\$ <u> </u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u> </u>	\$ <u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>6,938.41</u>	\$ <u> </u>

Expenditures Made

Column A
 (SCHEDULES E, H, F, C)

Column B
 CALENDAR YEAR
 TOTAL TO DATE

6. Payments Made	Schedule E, Line 4	\$ <u>1,553.07</u>	\$ <u> </u>
7. Loans Made	Schedule H, Line 3	\$ <u> </u>	\$ <u> </u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>1,553.07</u>	\$ <u> </u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u> </u>	\$ <u> </u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u> </u>	\$ <u> </u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u> </u>	\$ <u> </u>

Current Cash Statement

Column A
 (SCHEDULES A, B, H, F, C)

Column B
 CALENDAR YEAR
 TOTAL TO DATE

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>0</u>	\$ <u> </u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>6,938.41</u>	\$ <u> </u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u> </u>	\$ <u> </u>
15. Cash Payments	Column A, Line 8 above	\$ <u>1,553.07</u>	\$ <u> </u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5,385.34</u>	\$ <u> </u>

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u> </u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u> </u>

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 from Lines 2, 7, and 9 (if any).

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

Recipient Committee Campaign Statement Cover Page – Part 2

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

卷之三

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

NAME OF TREASURER

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

111

NAME OF TREASURER	NAME OF COMMITTEE	
	I.D. NUMBER	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
	CONTROLLED COMMITTEE?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER H	JURISDICTION Hanford	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
----------------------------------	-------------------------	---------------------------------------------	---------------------------------

Individu, der ausdrücklich einanderlei Erziehung oder soziale Wissensweiterverbreitung für einen

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD _____ DISTRICT NO. IF ANY _____

卷之三

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	<input type="checkbox"/> SUPPORT
-----------------------------------	-----------------------	----------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> JURISDICTION
-----------------------------------	-----------------------	---------------------------------------

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Attach continuation sheets if necessary

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

California covers period
from 07/01/2024 _____

SEE INSTRUCTIONS ON REVERSE

Citizens, Firefighters and Police Officers for a Safer Hanford, Yes on Measure H, 2024

FULL NAME, STREET ADDRESS AND ZIP CODE OF

AMOUNT

PER ELECTION

RECEIVED CONTINUED ON
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Hanford, CA 93230

08/31/2024
Sharp for City Council
1399878

08/31/2024	Sharp for City Council 1399878	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	5,358.41	5,358.41
09/13/2024	Lois Bentley Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator 500	500
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)
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 \$ 6,938.4

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2024 through 09/21/2024 Page _____ of _____
SCHEDULE E
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Citizens, Firefighters and Police Officers for a Safer Hanford, Yes on Measure H, 2024

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	RET	petition circulating	TEL	tv. or cable airtime and production costs
FIL	candidate filing/fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UZ Marketing Houston TX 77092	CMP		Signs	1,018.70
UZ Marketing Houston TX 77092	CMP		Signs	\$534.37

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

SUBTOTAL \$ 1,553.07

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,553.07
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 \$ 1,553.07**