

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

Date Stamp

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CITY OF HANFORD

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CITY CLERK

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Citizens, Firefighters and Police Officers for a Safer Hanford, Yes Measure H, 2024				NAME OF TREASURER Amy Simmons			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Hanford		STATE CA	ZIP CODE 93230
EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]				AREA CODE/PHONE [REDACTED]			
NAME OF ASSISTANT TREASURER, IF ANY Victor Chavarin Jr.							
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Hanford		STATE CA	ZIP CODE 93230
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]				AREA CODE/PHONE [REDACTED]			
NAME OF PRINCIPAL OFFICER(S) [REDACTED]							
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]				AREA CODE/PHONE [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]							
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]							
COUNTY OF DOMICILE Kings		JURISDICTION WHERE COMMITTEE IS ACTIVE Kings					
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 8/19/24 By [REDACTED]
DATE SIGNER
Executed on 8/19/2024 By [REDACTED]
DATE 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