

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Date Stamp

**RECEIVED
CITY OF HANFORD**

AUG 20 REC'D

CITY CLERK

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

**I.D. Number
(if applicable)**

NAME OF COMMITTEE
Citizens, Firefighters and Police Officers for a Safer Hanford, Yes
Measure H, 2024

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY Hanford STATE CA ZIP CODE 93230 AREA CODE/PHONE 5592128800

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.

2. Treasurer and Other Principal Officers

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)

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE ZIP CODE

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.

Executed on 8/19/24 By _____

[REDACTED]

RECEIVER

Executed on 8/19/2024 By _____

[REDACTED]

MEASURE PROPONENT

Executed on _____ By _____

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

Executed on _____ 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)

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