**Statement of Organization**

Recipient Committee

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**Type or print in ink**

**STATEMENT OF ORGANIZATION**

**CALIFORNIA**

**FORM 410**

For Official Use only

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**Statement Type**

- Initial [ ]
- Amendment [ ]
- Termination - See Part 5 [ ]

Not yet qualified [ ] or [ ]

List I.D. number: [ ]

Date qualified as committee: [ ]

Date qualified as committee (If applicable): [ ]

Date of Termination: [ ]

---

**1. Committee Information**

**NAME OF COMMITTEE**

CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIES

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

**CITY**

SAN RAFAEL

**STATE**

CA

**ZIP CODE**

94901

**AREA CODE/PHONE**

415 389-6800

---

**MAILING ADDRESS (IF DIFFERENT)**

**CITY**

SAN RAFAEL

**STATE**

CA

**ZIP CODE**

94901

**AREA CODE/PHONE**

415 389-6800

---

**OPTIONAL: FAX/E-MAIL ADDRESS**

form410@nmgovlaw.com

**COUNTY OF DOMICILE**

MARIN

**COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**

N/A

---

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**

STEVEN S. LUCAS

**STREET ADDRESS**

**CITY**

SAN RAFAEL

**STATE**

CA

**ZIP CODE**

94901

**AREA CODE/PHONE**

415 389-6800

---

**NAME OF ASSISTANT TREASURER, IF ANY**

AMY FRENZEN

**STREET ADDRESS**

**CITY**

SAN RAFAEL

**STATE**

CA

**ZIP CODE**

94901

**AREA CODE/PHONE**

415 389-6800

---

**NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE**

TIMOTHY S. HARDY

**MAILING ADDRESS**

**CITY**

DENVER

**STATE**

CO

**ZIP CODE**

80220

**AREA CODE/PHONE**

415 389-6800

---

**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**

12/22/2017

**DATE**

**By**

STEVEN S. LUCAS

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

---

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

---

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

---

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

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**FPPC Form 410 (Jan/01)**

FPPC Toll-Free Helpline: 866/ASK-FPPC
**Statement of Organization**

**Recipient Committee**

**Type or print in ink**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>Termination - See Part 5</td>
<td></td>
</tr>
</tbody>
</table>

1. **Committee Information**

**NAME OF COMMITTEE**

CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIES

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

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**MAILING ADDRESS (IF DIFFERENT)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**COUNTY OF DOMICILE**

**COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**

**OPTIONAL: FAX/E-MAIL ADDRESS**

**NAME OF TREASURER**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE**

MEGAN GARCIA

**MAILING ADDRESS**

**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 foregoing is true and correct.

**Executed on**

**DATE**

**By**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**
### 1. Committee Information

- **NAME OF COMMITTEE**: CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIES  
- **STREET ADDRESS**: 
- **CITY**: 
- **STATE**: 
- **ZIP CODE**: 
- **AREA CODE/PHONE**: 
- **MAILING ADDRESS (IF DIFFERENT)**: 
- **CITY**: 
- **STATE**: 
- **ZIP CODE**: 
- **AREA CODE/PHONE**: 
- **COUNTY OF DOMICILE**: 
- **COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**: 

Attach additional information on appropriately labeled continuation sheets.

### 2. Treasurer and Other Principal Officers

- **NAME OF TREASURER**: ROBERT J. WELLS  
- **STREET ADDRESS**: CLEVELAND OH 44115-1075 415-389-6800  
- **CITY**: 
- **STATE**: OH 
- **ZIP CODE**: 44115-1075  
- **AREA CODE/PHONE**: 415-389-6800  
- **NAME OF ASSISTANT TREASURER, IF ANY**: 
- **STREET ADDRESS**: 
- **CITY**: 
- **STATE**: 
- **ZIP CODE**: 
- **AREA CODE/PHONE**: 
- **NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE**: 

### 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** 
  - DATE 
  - By SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
- **Executed on** 
  - DATE 
  - By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT  
- **Executed on** 
  - DATE 
  - By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT  
- **Executed on** 
  - DATE 
  - By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROONENT
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 "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>❑ Non-Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❑ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK OF MARIN</td>
<td>415-927-8905</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CORTE MADERA</td>
<td>CA</td>
<td>94925</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTHY HOMES AND SCHOOLS ACT OF 2018 (#17-0049)</td>
<td>STATEWIDE - NOVEMBER 2018</td>
<td>SUPPORT X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
4. Type of Committee  (Continued)

**General Purpose Committee**  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
- [ ] CITY Committee
- [ ] COUNTY Committee
- [ ] STATE Committee

**PROVIDE BRIEF DESCRIPTION OF ACTIVITY**

**Sponsored Committee**  List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONAGRA GROCERY PRODUCTS COMPANY LLC</td>
<td>MANUFACTURING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>OMAHA</td>
<td>NE</td>
<td>68102</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**  Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

Date qualified

5. Termination Requirements  By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditure in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.
## Statement of Organization

**Recipient Committee**

### INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1400915</td>
</tr>
</tbody>
</table>

### 4. Type of Committee  (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee
- COUNTY Committee
- STATE Committee

**Provide brief description of activity**

**Sponsored Committee** List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE SHERWIN-WILLIAMS COMPANY</td>
<td>MANUFACTURING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CLEVELAND</td>
<td>OH</td>
<td>44115</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**

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FPPC Form 410 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

2199140-0
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIES

**STATEMENT OF ORGANIZATION**

**I.D. NUMBER**
1400915

**CALIFORNIA FORM 410**

**FPPC Form 410 (Jan/01)**

**FPPC Toll-Free Helpline: 866/ASK-FPPC**

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**4. Type of Committee** (Continued)

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- COUNTY Committee
- STATE Committee

**PROVIDE BRIEF DESCRIPTION OF ACTIVITY**

**Sponsored Committee** List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL INDUSTRIES, INC.</td>
<td>MANUFACTURING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DALLAS</td>
<td>TX</td>
<td>75240</td>
</tr>
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