

# Statement of Organization Recipient Committee

Type or print in ink

Statement Type

**Initial**

Not yet qualified  or

12/22/2017

Date qualified as committee

**Amendment**

List I.D. number:

# \_\_\_\_\_

Date qualified as committee  
(If applicable)

**Termination - See Part 5**

List I.D. number:

# \_\_\_\_\_

Date of Termination

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use only

Page 1

## 1. Committee Information

NAME OF COMMITTEE

CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY  
MANUFACTURING COMPANIES

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415 389-6800

MAILING ADDRESS (IF DIFFERENT)

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

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

STEVEN S. LUCAS

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY

AMY FRENZEN

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

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

TIMOTHY S. HARDY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
DENVER	CO	80220	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 OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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NAME OF COMMITTEE

CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY  
MANUFACTURING COMPANIES

STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

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

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  
OMAHA NE 68102 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 \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
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## 1. Committee Information

NAME OF COMMITTEE

CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY  
MANUFACTURING COMPANIES

STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

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

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

ROBERT J. WELLS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
CLEVELAND OH 44115-1075 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 \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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

I.D. NUMBER  
1400915

## 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
BANK OF MARIN	415-927-8905		
ADDRESS	CITY	STATE	ZIPCODE
	CORTE MADERA	CA	94925

### Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
HEALTHY HOMES AND SCHOOLS ACT OF 2018 (#17-0049)	STATEWIDE - NOVEMBER 2018	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA  
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIESI.D. NUMBER  
1400915

## 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.NAME OF SPONSOR  
CONAGRA GROCERY PRODUCTS COMPANY LLCINDUSTRY GROUP OR AFFILIATION OF SPONSOR  
MANUFACTURING

STREET ADDRESS

NO. AND STREET

CITY  
OMAHASTATE  
NEZIP CODE  
68102**Small Contributor Committee**

\_\_\_\_\_

Date qualified

**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.**

## 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

STATEMENT OF ORGANIZATION

**CALIFORNIA  
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIESI.D. NUMBER  
1400915

## 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.

NAME OF SPONSOR  
THE SHERWIN-WILLIAMS COMPANYINDUSTRY GROUP OR AFFILIATION OF SPONSOR  
MANUFACTURING

STREET ADDRESS

NO. AND STREET

CITY  
CLEVELANDSTATE  
OHZIP CODE  
44115**Small Contributor Committee**

\_\_\_\_\_

Date qualified

**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.**

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COMMITTEE NAME  
CALIFORNIANS FOR SAFE AND AFFORDABLE HOUSING, SPONSORED BY MANUFACTURING COMPANIESI.D. NUMBER  
1400915

## 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.NAME OF SPONSOR  
NL INDUSTRIES, INC.INDUSTRY GROUP OR AFFILIATION OF SPONSOR  
MANUFACTURING

STREET ADDRESS

NO. AND STREET

CITY  
DALLASSTATE  
TXZIP CODE  
75240**Small Contributor Committee**

Date qualified

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.

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