

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type Initial

**MEASURE
SEMI-ANNUAL
ORIGINAL**

Amendment
List I.D. number:

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

1251810

11/30/2005
Date of Termination

12/21 (1)
Date Stamp
10:47:52
2005 DEC 22 11 2: 52
CAMPAIGN FINANCE
DISCLOSURE SECTION

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

For Official Use Only

* C06901
011187

1. Committee Information

NAME OF COMMITTEE

COMMITTEE FOR PUBLIC SAFETY & HOMELAND SECURITY-YES ON A

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

CARY DAVIDSON

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

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 12-19-05
DATE

By Cary Davidson
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/12/05
DATE

By Mary L. Baker
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