


FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**
To Be Used by Persons (Other than Political Committees)

P. 01

1. (a) Name of Individual, Organization or Corporation Safety for All, Yes on Prop. 63, Newsom Ballot Measure Committee	
(b) Address (number and street) <input type="checkbox"/> Check if different than previously reported 1787 Tribute Road, Suite K	
(c) City, State and ZIP Code Sacramento, CA 95815	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number C 00000000

4. TYPE OF REPORT (check appropriate boxes): (a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> 24-Hour Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> 48-Hour Report <input type="checkbox"/> October 15 Quarterly Report <input checked="" type="checkbox"/> January 31 Year-End Report	
b) Is this Report an amendment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, it amends the report filed on 02/24/2017	
5. COVERING PERIOD: FROM 01/01/2016 THROUGH 01/31/2016	
6. TOTAL CONTRIBUTIONS	
7. TOTAL INDEPENDENT EXPENDITURES	\$45,000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Shawnda Deane	SIGNATURE 	DATE 02/24/2017
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

FEC Schedule 5 (REV. 02/03)

FEB-24-2017 19:49

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2017-02-24 19:49:17

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Safety for All, Yes on Prop. 63, Newsom Ballot Measure Committee

A. Full Name (Last, First, Middle Initial)

Mailing Address	Date of Receipt
City	State Zip Code
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
Name of Employer	Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address	Date of Receipt
City	State Zip Code
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
Name of Employer	Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address	Date of Receipt
City	State Zip Code
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
Name of Employer	Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address	Date of Receipt
City	State Zip Code
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
Name of Employer	Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3 OF 3
 FOR LINE 7 OF FORM 5

Safety for All, Yes on Prop. 63, Newsom Ballot Measure Committee

NAME OF FILER (in Full)

Full Name (Last, First, Middle Initial) of Payee

Sadler Strategic Media

Mailing Address

12103 Viewcrest Road

City

Studio City

State

CA

Zip Code

91604

Category/

Type

24A

Office Sought:

House

Senate

President

District:

State:

Amount

\$45,000.00

Date of Public Distribution/Dissemination

11 05 2016

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Calendar Year-To-Date Per Election

for Office Sought

\$45,000.00

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category/

Type

Office Sought:

House

Senate

President

District:

State:

Amount

Date of Public Distribution/Dissemination

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Check One:

☐ Support

Via FAX

COMMUNICATING WITH THE WORLD

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt

<input checked="" type="checkbox"/> Other (Specify): 2/27/17	Date of Receipt or Postmarked
The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	

N/A PREPARER	N/A DATE PREPARED
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2017-02-27 00:00:00