


# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

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	3. FEC Identification Number C
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes): (a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input checked="" type="checkbox"/> 24-Hour Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> 48-Hour Report <input 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 M / D / Y Y Y Y	
5. COVERING PERIOD: FROM M / D / Y Y Y Y THROUGH M / D / Y Y Y Y	
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	SIGNATURE	DATE
Shawnda Deane		11/06/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §3010a.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-6530, Local 202-494-1100

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or 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 M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period \$ , , -
FEC ID number of contributing federal political committee.		
C		
Name of Employer		Occupation

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

Mailing Address		Date of Receipt M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period \$ , , -
FEC ID number of contributing federal political committee.		
C		
Name of Employer		Occupation

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

Mailing Address		Date of Receipt M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period \$ , , -
FEC ID number of contributing federal political committee.		
C		
Name of Employer		Occupation

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

Mailing Address		Date of Receipt M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period \$ , , -
FEC ID number of contributing federal political committee.		
C		
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

NAME OF FILER (In Full)

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

Full Name (Last, First, Middle Initial) of Payee						Date of Public Distribution/Dissertation					
Mailing Address						Amount					
Sadler Strategic Media 12103 Viewcrest Road City State Zip Code CA 91604						\$45,000.00					
Purpose of Expenditure Digital Ads						Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump						Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Calendar Year-To-Date Per Election for Office Sought \$45,000.00						Date of Public Distribution/Dissertation _____/_____/_____					
Mailing Address						Amount					
City State Zip Code											
Purpose of Expenditure						Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose					
Name of Federal Candidate Supported or Opposed by Expenditure:						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Calendar Year-To-Date Per Election for Office Sought , , . .						Date of Public Distribution/Dissertation _____/_____/_____					
Full Name (Last, First, Middle Initial) of Payee						Amount					
Mailing Address											
City State Zip Code											
Purpose of Expenditure						Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose					
Name of Federal Candidate Supported or Opposed by Expenditure:						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Calendar Year-To-Date Per Election for Office Sought , , . .						Date of Public Distribution/Dissertation _____/_____/_____					
Mailing Address						Amount					
City State Zip Code											
Purpose of Expenditure						Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose					
Name of Federal Candidate Supported or Opposed by Expenditure:						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Calendar Year-To-Date Per Election for Office Sought , , . .						Date of Public Distribution/Dissertation _____/_____/_____					
(a) SUBTOTAL of Itemized Independent Expenditures.....						\$45,000.00					
(b) SUBTOTAL of Unitemized Independent Expenditures.....						\$0.00					
(c) TOTAL Independent Expenditures.....						\$45,000.00					

**Via FAX**

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):	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

(8/2013)