

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 08 / 30 / 2021	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination - See Part 5 Date of termination ____ / ____ / ____
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9/3/2021 ①

Date Stamp
 RECEIVED
 LOS ANGELES COUNTY
 2021 SEP -7 PM 12:17
 PROPOSITION B UNIT
 611345

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Recall District Attorney George Gascon				NAME OF TREASURER Kelly Lawler				STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.O. BOX)				CITY Hilmar				STATE CA		ZIP CODE 95324		AREA CODE/PHONE 209-656-1542	
CITY Hilmar				STATE CA		ZIP CODE 95324		NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT) Chatsworth, CA 91311				STREET ADDRESS (NO P.O. BOX)				CITY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) kellylawler@thekalgroup.com				STATE				ZIP CODE		AREA CODE/PHONE			
COUNTRY OF DOMICILE Merced		JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles		NAME OF PRINCIPAL OFFICER(S) Samuel Dordulian				STREET ADDRESS (NO P.O. BOX)					
Attach additional information on appropriately labeled continuation sheets.				CITY Glendale				STATE CA		ZIP CODE 91203		AREA CODE/PHONE 818-788-4919	

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 9/1/21 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Recall District Attorney George Gascon	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Tri Counties Bank	AREA CODE/PHONE 209-668-1882	BANK ACCOUNT NUMBER	
ADDRESS	CITY Turlock	STATE CA	ZIP CODE 95382

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 "nonpartisan." Stating "No party preference" is acceptable
- 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
RECALL GEORGE GASCON	DISTRICT ATTORNEY, LOS ANGELES COUNTY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

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COMMITTEE NAME

Recall District Attorney George Gascon

I.D. NUMBER

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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 expenditures 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.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.