

**Statement of Organization  
Recipient Committee**

Statement Type

**Initial**  
 Not yet qualified  
 or  
 Date qualification threshold met  
 03 / 03 / 2021

**Amendment**  
 Date qualification threshold met  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Termination - See Part 5**  
 Date of termination  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1437182

Date Stamp  
**RECEIVED AND FILED**  
 in the Office of the Secretary of State  
 of the State of California  
**MAR 23 2021**

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

**I.D. Number**  
 (if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 COALITION IN SUPPORT OF DA GASCON RECALL

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
 Inglewood CA 90301 (310) 817-6679

FULL MAILING ADDRESS (IF DIFFERENT)  
 Inglewood, CA 90301

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 cine@politicalreportingplus.com / (310) 672-6679

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Los Angeles Los Angeles County

NAME OF TREASURER  
 Cine D. Ivery

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
 Inglewood CA 90301 (310) 817-6679

NAME OF ASSISTANT TREASURER, IF ANY  
 Michelle Moore Sanders

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
 Inglewood CA 90301 (310) 817-6679

NAME OF PRINCIPAL OFFICER(S)  
 Moses Castillo

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
 Inglewood CA 90301 (310) 817-6679

Attach additional information on appropriately labeled continuation sheets.

**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 MARCH 03, 2021 By \_\_\_\_\_  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on MAR 19 2021 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

RECEIVED BY  
 LOS ANGELES COUNTY  
 2021 APR - 2 PM: 13  
 PROPOSITION UNIT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COALITION IN SUPPORT OF DA GASCON RECALL

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER 5798050992
ADDRESS	CITY Los Angeles	STATE CA
		ZIP CODE 90071

**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		
			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
George Gascon Recall	County of Los Angeles District Attorney	X	
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

COALITION IN SUPPORT OF DA GASCON RECALL

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

Voter Education and Awareness

**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 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 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.