

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met <u>05 / 10 / 2021</u>	<input type="checkbox"/> Termination - See Part 5 Date of termination ____ / ____ / ____
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Date Stamp  
**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California  
**MAY 21 2021**

**CALIFORNIA FORM 410**  
For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> (if applicable) <u>1438145</u>	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
**CRIME SURVIVORS, LAW ENFORCEMENT AND COMMUNITY LEADERS AGAINST THE  
REPUBLICAN LED RECALL OF GEORGE GASCON**

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**LOS ANGELES CA 91364 (415) 732-7700**

FULL MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**CAMPAIGN@CAMPAIGNLAWYERS.COM**

COUNTY OF DOMICILE <b>LOS ANGELES</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>LOS ANGELES COUNTY</b>
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NAME OF TREASURER  
**JAMES R. SUTTON**

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**LOS ANGELES CA 91364 (415) 732-7700**

NAME OF ASSISTANT TREASURER, IF ANY  
**MATTHEW ALVAREZ**

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**LOS ANGELES CA 91364 (415) 732-7700**

NAME OF PRINCIPAL OFFICER(S)  
\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

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, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>5/20/21</u>	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**RECEIVED BY  
LOS ANGELES COUNTY  
PROPOSITION B UNIT  
2021 JUN 10 PM 3:53**

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME CRIME SURVIVORS, LAW ENFORCEMENT AND COMMUNITY LEADERS AGAINST THE REPUBLICAN LED RECALL OF GEORGE GASCON	I.D. NUMBER 1438145
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF SAN FRANCISCO	AREA CODE/PHONE (415) 744-6700	BANK ACCOUNT NUMBER 704029154	
ADDRESS 575 MARKET STREET, #900	CITY SAN FRANCISCO	STATE CA	ZIP CODE 94105

**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		(list political party below)
			Nonpartisan	Partisan	
GEORGE GASCON	District Attorney COUNTY OF LOS ANGELES	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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 : TBD	COUNTY OF LOS ANGELES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CRIME SURVIVORS, LAW ENFORCEMENT AND COMMUNITY LEADERS AGAINST THE REPUBLICAN LED RECALL OF GEORGE GASCON

I.D. NUMBER

1438145

**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 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.