

Statement of Organization Recipient Committee

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Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
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Date Stamp

DIGITALLY RECEIVED AND FILED
in the office of the California Secretary of State
JUL 05 2023

CALIFORNIA FORM 410
For Official Use Only
Alameda County
JUL 12 2023
Reg. of Voters R/ID

1. Committee Information I.D. Number (if applicable) PENDING **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
SAVE ALAMEDA FOR EVERYONE (SAFE) : RECALL DA PRICE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
OAKLAND CA 94612 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED] LOS ANGELES, CA 90071

EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ALAMEDA ALAMEDA COUNTY

NAME OF TREASURER
FLORA YIN

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90071 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL FARR

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90071 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
BRENDA GRISHAM

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
OAKLAND CA 94612 [REDACTED]

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 7/5/2023 By Flora Yin
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

Digitally signed by Flora Yin
DN: cn=Flora Yin, o, ou,
email=flora@politicalaw.com, c=US
Date: 2023.07.05 17:47:38 -0700

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Recipient Committee**

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

SAVE ALAMEDA FOR EVERYONE (SAFE): RECALL DA PRICE

PENDING

2a. Additional Officers / Assistant Treasurers

NAME

CARL CHAN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND

CA

94612

AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

PHILIP DREYFUSS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND

CA

94612

AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

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COMMITTEE NAME

SAVE ALAMEDA FOR EVERYONE (SAFE): RECALL DA PRICE

I.D. NUMBER

PENDING

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
CALIFORNIA BANK & TRUST	[REDACTED]	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	LOS ANGELES	CA	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
RECALL OF DISTRICT ATTORNEY PAMELA PRICE	ALAMEDA COUNTY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

SAVE ALAMEDA FOR EVERYONE (SAFE): RECALL DA PRICE

I.D. NUMBER

PENDING

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 this certification, 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.