Statement of Organization
Recipient Committee

1. Committee Information
I.D. Number
(Pending)

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

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

ALAMEDA

ALAMEDA COUNTY

2. Treasurer and Other Principal Officers

NAME OF TREASURER
FLORA YIN

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MICHAEL FARR

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

BRENDA GRISHAM

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.

Flora Yin

EXECUTED ON 7/5/2023

DATE

EXECUTED ON

DATE

EXECUTED ON

DATE

EXECUTED ON

DATE

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## 2a. Additional Officers / Assistant Treasurers

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARL, CHAN</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE  ZIP CODE AREA CODE/PHONE</td>
</tr>
<tr>
<td>OAKLAND</td>
<td>CA 94612</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHILIP DREYFUSS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE  ZIP CODE AREA CODE/PHONE</td>
</tr>
<tr>
<td>OAKLAND</td>
<td>CA 94612</td>
</tr>
</tbody>
</table>
All committees must list the financial institution where the campaign bank account is located.

**NAME OF FINANCIAL INSTITUTION**

**CALIFORNIA BANK & TRUST**

**ADDRESS**

CITY: [Redacted]  
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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[list political party below]</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECALL OF DISTRICT ATTORNEY PAMELA PRICE</td>
<td>ALAMEDA COUNTY</td>
<td>SUPPORT X</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>
### 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**

**City**

**State**

**Zip Code**

**Area Code/Phone**

---

### Small Contributor Committee

- [ ] Date qualified

---

### Termination Requirements

By signing this statement, the treasurer, assistant treasurer and/or candidate, officeholder, or petitioner, certify that all of the following conditions have been met:

1. This committee has ceased to receive contributions and make expenditures;
2. This committee does not anticipate receiving contributions or making expenditures in the future;
3. This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
4. This committee has no surplus funds; and
5. 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.