

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 07 / 10 / 2023	Date of termination ____ / ____ / ____

Date Stamp
DIGITALLY RECEIVED AND FILED
In the office of the California
Secretary of State
July 11, 2023

CALIFORNIA FORM 410
Alameda County
For Official Use Only
01
JUL 17 2023
Reg. of Voters

1. Committee Information I.D. Number (if applicable) 1461549 **2. Treasurer and Other Principal Officers**

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

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
OAKLAND CA 94612 _____

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES, CA 90071 _____

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ALAMEDA ALAMEDA COUNTY

NAME OF TREASURER
FLORA YIN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90071 _____

NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL FARR

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90071 _____

NAME OF PRINCIPAL OFFICER(S)
BRENDA GRISHAM

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
OAKLAND CA 94612 _____

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 7/11/2023 By **Flora Yin**
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DN: cn=Flora Yin, o, ou,
email=flora@politicallaw.com, c=US
Date: 2023.07.11 17:42:19 -0700

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

**Statement of Organization
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

SAVE ALAMEDA FOR EVERYONE (SAFE): RECALL DA PRICE

I.D. NUMBER

1461549

2a. Additional Officers / Assistant Treasurers

NAME

CARL CHAN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OAKLAND	CA	94612	

NAME

PHILIP DREYFUSS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OAKLAND	CA	94612	

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME SAVE ALAMEDA FOR EVERYONE (SAFE); RECALL DA PRICE	I.D. NUMBER 1461549
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION CALIFORNIA BANK & TRUST	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY LOS ANGELES	STATE CA	ZIP CODE 90071

4. Type of Committee Complete the applicable section:

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	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER 1461549

COMMITTEE NAME

SAVE ALAMEDA FOR EVERYONE (SAFE): RECALL DA PRICE

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, officer, holder, or proponent certifies 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.