

Statement of Organization Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

RECEIVED
in the office of the Secretary of State
of the State of California

JAN 20 2022

RECEIVED

DEC 09 2021
RECEIVED

FEB 18 2022

CALIFORNIA
FORM 410

For Official Use Only

RECEIVED AND FILED
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of the State of California

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number (if applicable)							
NAME OF COMMITTEE Stop the #KAREN Recall of Mayor Lamar Thorpe 2022				NAME OF TREASURER Vicki Robinson			
STREET ADDRESS (NO P.O. BOX) 4547 Sweet Water Street				STREET ADDRESS (NO P.O. BOX) 4337 Folsom Drive			
CITY Antioch	STATE CA	ZIP CODE 94531	AREA CODE/PHONE 925-978-4663	CITY Antioch	STATE CA	ZIP CODE 94531	AREA CODE/PHONE 510-386-3013
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) LamarThorpe@gmail.com				CITY Antioch			
COUNTY OF DOMICILE Contra Costa		JURISDICTION WHERE COMMITTEE IS ACTIVE Antioch		NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY Antioch			
				STATE CA			
				ZIP CODE 94531			
				AREA CODE/PHONE 925-978-4663			

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 Dec 9, 2021 By V. Robinson
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Dec 9, 2021 By L.A.D.
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

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Stop the #KAREN Recall of Mayor Lamar Thorpe 2022

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

NAME OF FINANCIAL INSTITUTION

Umpqua Bank

AREA CODE/PHONE

925-778-6700

BANK ACCOUNT NUMBER

486-498-5496

ADDRESS

3700 Lone Tree Way

CITY

Antioch

STATE

CA

ZIP CODE

94509

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		
Lamar A. Thorpe	Mayor	2022	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/>		Democratic Party
			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	
Recall Lamar Thorpe	Mayor of City of Antioch	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE