

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> 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

RECEIVED

MAR 24 2022

**CITY OF ANTIOCH
CITY CLERK**

**CALIFORNIA
FORM 410**

For Official Use Only

COPY

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number (if applicable)							
NAME OF COMMITTEE				NAME OF TREASURER			
Committee to Recall Mayor Lamar Thorpe				James Pringle			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
4453 Rock Island Dr				4916 Willowbrook Way			
CITY				CITY		STATE	
Antioch				Antioch		CA	
STATE				ZIP CODE		AREA CODE/PHONE	
CA				94509		510-484-6263	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				Thomas Hartrick			
infinite.painting@live.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE				4453 Rock Island Dr			
Contra Costa				CITY			
JURISDICTION WHERE COMMITTEE IS ACTIVE				Antioch			
City of Antioch				STATE			
				CA			
				ZIP CODE			
				94509			
				AREA CODE/PHONE			
				925 300-6625			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				Clarke Wilson			
				STREET ADDRESS (NO P.O. BOX)			
				2601 Gazelle Ct			
				CITY		STATE	
				Antioch		CA	
				ZIP CODE		94531	
				AREA CODE/PHONE		916-281-1079	

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	03/12/2022	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	3/23/22	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	3/24/22	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov