

1463152

Rejected: 8/29/2023 RA  
Returned: 8/29/2023 RA

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [ ] Amendment, [ ] Termination - See Part 5. Includes fields for qualification thresholds and date of termination.

RECEIVED [Date Stamp] In the office of the Secretary of State of the State of California. Includes date stamp AUG 28 2023 and FEB 13 REC'D.

CALIFORNIA FORM 410 For Official Use Only BY LOS ANGELES COUNTY 2023 OCT -2 PM 3:13 CAMPAIGN FINANCE

1. Committee Information: Recall Tony Wu. I.D. Number (if applicable). 2. Treasurer and Other Principal Officers: Steve Bennett, CITY OF WES. Includes multiple address fields for treasurer and principal officers.

3. Verification: I have used all reasonable diligence in preparation of this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California. Executed on 8/21/2023 and 8/21/23. Includes signature lines for controlling officeholder.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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|  |  |                 |             |                     |  |
|--|--|-----------------|-------------|---------------------|--|
| COMMITTEE NAME<br>Recall Tony Wu   |  |                 | I.D. NUMBER |                     |  |
| <ul style="list-style-type: none"> <li>All committees must list the financial institution where the campaign bank account is located.</li> </ul> |  |                 |             |                     |  |
| NAME OF FINANCIAL INSTITUTION  |  | AREA CODE/PHONE |             | BANK ACCOUNT NUMBER |  |
| ADDRESS  |  | CITY            | STATE       | ZIP CODE            |  |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE |          | (list political party below) |
|--|---|------------------|-----------------|----------|------------------------------|
|  |   |                  | Nonpartisan     | Partisan |                              |
|  |   |                  |                 |          |                              |
|  |   |                  |                 |          |                              |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
| Recall Tony Wu  | Recall Irvine City Council Member District 5   | ✓         |        |
|   |  | SUPPORT   | OPPOSE |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Recall Tony Wu

**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, officeholder, or ponent 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.