

SCANNED

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Rejected: 8/10/20
Returned: _____

COPY

Statement of Organization Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
8, 17, 2020	____/____/____	____/____/____

RECEIVED AND FILED
in the office of the Secretary of State of the State of California
Date Stamp
AUG 18 2020

CALIFORNIA FORM 410
For Official Use Only
NOV 16 2020
CITY OF ANTIOCH
CITY CLERK

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Lamar Thorpe for Mayor 2020				NAME OF TREASURER Vicki Robinson			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY Antioch	STATE CA	ZIP CODE 94531	AREA CODE/PHONE 925-978-4663	CITY Antioch	STATE CA	ZIP CODE 94531	AREA CODE/PHONE 925-978-4663
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) lamar@lamarthorpe.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Contra Costa	JURISDICTION WHERE COMMITTEE IS ACTIVE Antioch CA			CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				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 Califor

Executed on Aug 8, 2020 By _____
 Executed on Aug 8, 2020 By _____
 Executed on _____ By _____
 Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Lamar Thorpe for Antioch Mayor 2020	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Umpqua Bank	AREA CODE/PHONE (866) 486-7782	BANK ACCOUNT NUMBER
ADDRESS	CITY Roseburg	STATE OR
		ZIP CODE 97470

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		
<i>Lamar Thorpe</i>	<i>Mayor of Antioch</i>	<i>2020</i>	Nonpartisan	<input checked="" type="checkbox"/> Partisan	(list political party below)
			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	
		SUPPORT	OPPOSE