

**Statement of Organization
Recipient Committee**

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

MAY 24 2021

CALIFORNIA FORM 410
For Official Use Only

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
Date qualification threshold met
04 / 30 / 2021

Termination - See Part 5
Date of termination

1. Committee Information **I.D. Number** (if applicable) 1437685 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Stop the Madness: Support Recalling District Attorney Gascon Now

STREET ADDRESS (NO P.O. BOX)

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Long Beach CA 90802 (562) 983-0815

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
gary@crummittandassociates.com

COUNTY OF DOMICILE **JURISDICTION WHERE COMMITTEE IS ACTIVE**
Los Angeles Los Angeles Co.

NAME OF TREASURER
Gary Crummitt

STREET ADDRESS (NO P.O. BOX)

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Long Beach CA 90802 (562) 983-0815

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)
Marqus Ang

STREET ADDRESS (NO P.O. BOX)

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Claremont CA 91711 (918) 571-5552

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 5/20/2021 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

RECEIVED BY
LOS ANGELES COUNTY
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**Statement of Organization
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Stop the Madness: Support Recalling District Attorney Gascon Now

I.D. NUMBER

1437685

2a. Additional Officers / Assistant Treasurers

NAME

Mihran Kalaydjian

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Northridge	CA	91324	(818) 913-0153

NAME

Karen Roseberry

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palmdale	CA	93591	(661) 618-5719

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

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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

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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 (213) 228-1700	BANK ACCOUNT NUMBER		
ADDRESS	CITY Los Angeles	STATE CA	ZIP CODE 90071	

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		(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 George Gascon	District Attorney Los Angeles County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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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, office holder, or proponent 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.

**Additional Comments
For Form 410**

ADDITIONAL COMMENTS	
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I.D. NUMBER	
1437685	

COMMITTEE NAME
Stop the Madness: Support Recalling District Attorney Gascon Now

Adding date qualified