

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number 992370 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE LARRY McCALLON FOR HIGHLAND CITY COUNCIL, 2024				NAME OF TREASURER	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				CITY STATE ZIP CODE AREA CODE/PHONE	
<i>Attach additional information on appropriately labeled continuation sheets.</i>				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 California that the information provided is true and correct.

Executed on 03/10/2021 By [Redacted]

Executed on 03/10/2021 By [Redacted]

Executed on _____ By [Redacted]

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME LARRY McCALLON FOR HIGHLAND CITY COUNCIL, 2024	I.D. NUMBER
---	-------------

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

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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
	CITY COUNCIL MEMBER, DISTRICT 5	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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