

**Statement of Organization  
Recipient Committee**

R11  
L 1443969

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>Amendment</b>
<input checked="" type="checkbox"/> Not yet qualified or	<input type="checkbox"/> Date qualification threshold met
<input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Date qualification threshold met
____/____/____	____/____/____

**Termination – See Part 5**

Date of termination  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California

**JAN 24 2022**

**CALIFORNIA FORM 410**

For Office Use Only  
**SENDRY PEREZ, COUNTY CLERK**

**FEB 02 2022**

BY [REDACTED] DEPUTY

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Committee Supporting the Recall of Councilors Domenighini, Hansen, and Warren</b>				NAME OF TREASURER <b>Roberta Asbury</b>				NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
CITY <b>Willows</b>	STATE <b>CA</b>	ZIP CODE <b>95988</b>	AREA CODE/PHONE <b>530-518-9276</b>	CITY <b>Willows</b>	STATE <b>CA</b>	ZIP CODE <b>95988</b>	AREA CODE/PHONE <b>530-518-9276</b>	CITY	STATE	ZIP CODE	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] <b>Willows CA 95988</b>				NAME OF ASSISTANT TREASURER, IF ANY				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>Willowsvoters@gmail.com</b>				CITY				CITY			
COUNTY OF DOMICILE <b>Glenn</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Willows</b>		NAME OF PRINCIPAL OFFICER(S) <b>Roberta Asbury</b>				STREET ADDRESS (NO P.O. BOX)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY				CITY			
				<b>Willows</b>				<b>Willows</b>			

**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 1/20/22 By [REDACTED] TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>Committee Supporting the Recall of Councilors Domenighini, Hansen, and Warren</b>					I.D. NUMBER
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located.</b></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 (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) 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 Larry Domenighini	Willows City Council	✓	
Recall Gary Hansen	Willows City Council	✓	

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Committee Supporting the Recall of Councilors Domenighini, Hansen, and Warren	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		
			Nonpartisan	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	
Recall Kerri Warren	Willows City Council	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Committee Supporting the Recall of Councilors Domenighini, Hansen, and Warren

I.D. NUMBER

**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.