

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp
RECEIVED
 AUG 31 2022
 CITY CLERK
 CITY OF EMERYVILLE

CALIFORNIA FORM 410
 For Official Use Only

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

NAME OF COMMITTEE VOTE@PRIFORCE AKA VOTE PRIFORCE				NAME OF TREASURER MENNY LY			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		AREA CODE/PHONE 408-320-7668	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) VOTE@PRIFORCE.COM				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE ALAMEDA		JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF EMERYVILLE		CITY [REDACTED]		AREA CODE/PHONE 347-985-0365	
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) KALIMAH PRIFORCE STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		AREA CODE/PHONE 347-985-0365	

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

Executed on	8/31/2022	By	[REDACTED]	TREASURER
Executed on	8/31/2022	By	[REDACTED]	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 VOTE@PRIFORCE	I.D. NUMBER
--	-------------

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

NAME OF FINANCIAL INSTITUTION MECHANICS BANK	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
		ZIP CODE [REDACTED]

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 3

COMMITTEE NAME

VOTE@PRIFORCE

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

KALIMAH PRIFORCE IS RUNNING FOR EMERYVILLE CICTY COUNCIL FOR THE NOVEMBER 8, 2022 GENERAL ELECTION.

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.