Statement of Recipient Cor	_		Date Stamp	CALIFO			
Statement Type	☐ Initial ☐ Not yet qualified ☐ or ☐ Date qualification threshold me		Date qualification threshold met	☐ Termination – See Part 5 Date of termination		GING	or Official Use Only ERK'S 17-FICE 2 2021 AM 11:10
1. Committee li	nformation	I.D. Numb		2. Treasurer and	Other Principal Officers		10.00
NAME OF COMMITTEE	Elk Grove City (•	NAME OF TREASURER Roderick Brewer STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O	O. BOX)	-		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CUTIV		ATATA 1 110		Sacramento	CA	95815	(916) 285-5733
CITY			CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY		
Elk Grove FULL MAILING ADDRESS	(IE DIFFERENT)	CA	95624 (916) 208-8	Shawnda Deane STREET ADDRESS (NO P.O. BOX)			
		amonto CA C	E01E				
1787 Tribute Roa E-MAIL ADDRESS (REQUI		amento, ca s	3813	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Brewereg2022@dea	aneandcompany.co	om / (916)333	-1344	Sacramento	CA	95815	(916) 285-5733
Brewereg2022@deaneandcompany.com / (916) 333-1344 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)	ÇA	93013	(910) 200-5733	
Sacramento Count	ty	City of Elk	Grove				
				STREET ADDRESS (NO P.O. BOX)			
Attach additional	information on a	propriately lab	peled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all rependity of perjue Executed on Executed on Executed on Executed on Executed on	reasonable diligendary under the laws 0 0 8 202 0 0 8 2 0 2 0 0 8 2 0 2 DATE DATE	ce in preparing of the State of By By By	SIGNATURE OF CONT	st of my knowledge the information is true and correct. IGNATURE OF TREASURER OR ASSISTANT TREASURE TROLLING OFFICEHOLDER, CANDIDATE, OR STATE NO TROLLING OFFICEHOLDER, CANDIDATE, OR STATE NO TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	IER MEASURE PROPONENT MEASURE PROPONENT	and complete	e. I certify under
				The state of the s	The state of the s	FPPC	C Form 410 (August/2018)

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee						CALIF FO	ornia 4	10
INSTRUCTIONS ON REVERSE		Page 2 of 3						
COMMITTEE NAME					1	D. NUMBER		
Rod Brewer for Elk Grove City Council 2022		14	139444					
All committees must list the financial institution where t	the campaign bank accoun	it is located.						1
NAME OF FINANCIAL INSTITUTION	AREA CO	ODE/PHONE	BANK ACCOUN	TNUMBER				
First Foundation Bank	(916) 283-8042						-
ADDRESS	CITY		STATE	ZIF	CODE			
	Sacr	amento	CA		95815			
 Controlled Committee List the name of each controlling officeholder, cand district number, if any, and the year of the election. List the political party with which each officeholder If this committee acts jointly with another controlled NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PRO 	or candidate is affiliateded	d or check "nonpartisar	n." Stating "No part number of the other	y preferen	ce" is acceptal	ole. TY ONE		
Roderick Brewer	City C	Council Member City	of Elk Grove Dis	rict 2 2022	Nonpartisan X Nonpartisan		(list political party (list political party	70
Primarily Formed Committee CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE E IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICE		CANDIDATE(sures in a single ele s) office sought or hei ude district no., city of	.D OR MEASU	RE(S) JURISDICTION	ı	CHECK SUPPORT	ONE OPPOSE
							SUPPORT	OPPOSE

CALIFORNIA Statement of Organization **Recipient Committee** FORM INSTRUCTIONS ON REVERSE Page 3 of 3 LD. NUMBER COMMITTEE NAME Rod Brewer for Elk Grove City Council 2022 1439444 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: ☐ COUNTY Committee ☐ STATE Committee CITY Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STATE ZIP CODE AREA CODE/PHONE NO, AND STREET CITY STREET ADDRESS Small Contributor Committee

- 5. Termination Requirements
- By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, 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.