Statement of C	Organization				Date Stam	p C	ALIFORNIA	
Recipient Com							FORM	410
Statement Type	☐ Initial		図	Termination – See Part 5	1	1.00	For Official Use	Only
	O Not yet qualified		Γ					
	or O Date qualification threshold met	Date qualification threshold met		Date of termination				The first of the f
		06 / 30 / 2022	١.	12 / 31 / 2023				
1. Committee I	nformation I.D. Number		_	2. Treasurer and O	ther Principal (Officers	TAKTO	* 11 - 11
NAME OF COMMITTEE	(if applicable)	1449115		NAME OF TREASURER	tire. Trintelpar c	Jillice 13		
				Denise Lewis				
Robles for Elk G	rove City Council 2022			STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
1				5445 Madison Aven	ue	Sacramento	CA 9	95841
STREET ADDRESS (NO. 2 O	-aul			EMAIL ADDRESS OF TREASURE	R (REQUIRED)		AREA CODE	PHONE
STREET ADDRESS (NO P.O.	•			denise@rcbs.us			(916) 3	148-9100
5445 Madison Aver		7/0 500-		NAME OF ASSISTANT TREASUR	ER, IF ANY			
	STATE	ZIP CODE AREA CODE/PHONE		Marissa Russell				
Sacramento FULL MAILING ADDRESS (CA (F DIFFERENT)	95841 (916)348-9	100	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
	= ,			5445 Madison Aven		Sacramento	CA 9	95841
E-MAIL ADDRESS OF COM	IMITTEE (REQUIRED) / FAX (OPTIONAL)		-	EMAIL ADDRESS OF ASSISTANT marissa@rcbs.us	TREASURER (REQUIRED)		AREA COD	
campaigns@rcbs.us	s / (916)348-9111			NAME OF PRINCIPAL OFFICER(S	-1		(916)	348-9100
COUNTY OF DOMICILE	JURISDICTION WHERE O	OMMITTEE IS ACTIVE	-	NAME OF PRINCIPAL OFFICER(S	o)			
Sacramento County	y City of Elk	Grove		STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				*	•	CITT	SIAIE	ZIP CODE
Attach additional in	nformation on appropriately labe	eled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)		AREA COD	E/PHONE
3. Verification								
I have used all reas	onable diligence in preparing thi	s statement and to the best of	of m	y knowledge the informatio	n contained hereir	is true and cor	mplete. I certify ur	nder
penalty of perjury ι	under the laws of the Sta						,	
Executed on	01/10/2024 By						-	
Executed on	01/10/2024 By							
	DATE				PONENT		- •	
Executed on	DATE By	SIGNATURE OF CONTROL	LINC	OFFICE HOLDER CAMPIDATE OF STATE			4	
Evacuted an		SIGNATURE OF CONTROL	.LING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT			
Executed on	DATE By	SIGNATURE OF CONTROL	LING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		-	
				2442942 249 CH12476	T17/54/8/8/25 5/7/28/25		FPPC Form 410 (October/2023)

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE MANAC						
COMMITTEE NAME Robles for Elk Grove City Council 2022				I.D. NUMBER 1449115		
 All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. 						
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCO	UNT NUMBER		
First Foundation Bank		(916)724-2424		5805041092		
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE		
2233 Douglas Blvd., Suite 300	Rosevi	lle	CA	95661		
4. Type of Committee Complete the applicable sections.	21 1 -71					

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	PAR CHECK		
Sergio D Robles	City Council Member City of Elk Grove District 4	2022	Nonpartisan X	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
	4	SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME Robles for Elk Grove City Council 2022 CALIFORNIA 410

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I.D. NUMBER 1449115

4. Type of Committee	e (Continued)			1041	We all the second
General Purpose Commi	Not formed to support or c	ppose specific candidates or measur	res in a single election. Chec	•	
PROVIDE BRIEF DESCRIPTION OF A	CTIVITY				
Sponsored Committee	List additional sponsors on an att	achment.	FILIATION OF SPONSOR		
STREET ADDRESS NO). AND STREET	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Comm	ittee	——————————————————————————————————————			
5. Termination Requi		ion, the treasurer, assistant treasurer and/or	candidate, officeholder, or ponent	certify that all of the fo	ollowing 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.