

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp

CALIFORNIA FORM 410
For Official Use Only
CITY CLERK'S OFFICE
JAN 03 2025 AM 10:24

| 1. Committee Information | | I.D. Number <small>(if applicable)</small> | 2. Treasurer and Other Principal Officers | | | |
|---|--|---|--|-----------------|-------|----------|
| NAME OF COMMITTEE | | | NAME OF TREASURER | | | |
| Rod Brewer for Elk Grove City Council 2026 | | | Roderick Brewer | | | |
| STREET ADDRESS (NO P.O. BOX) | | | STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE |
| [REDACTED] | | | [REDACTED] | Elk Grove | CA | 95624 |
| CITY | | STATE | ZIP CODE | AREA CODE/PHONE | | |
| Elk Grove | | CA | 95624 | (916) 285-5733 | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | EMAIL ADDRESS OF TREASURER (REQUIRED) | | | |
| 1700 Tribute Road, Suite 201 Sacramento, CA 95815 | | | rodbrewer5@gmail.com | | | |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) | | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| Brewer2026@deaneandcompany.com / (916) 333-1344 | | | Shawnda Deane | | | |
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE | | STREET ADDRESS (NO P.O. BOX) | | | |
| Sacramento County | City of Elk Grove | | 1700 Tribute Road, Suite 201 Sacramento CA 95815 | | | |
| | | | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | | | |
| | | | ATSD@deaneandcompany.com | | | |
| | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| | | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | | [REDACTED] | | | |
| | | | CITY | | | |
| | | | STATE | | | |
| | | | ZIP CODE | | | |
| | | | [REDACTED] | | | |
| | | | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | | | |
| | | | [REDACTED] | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | | | |

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 01/01/2025 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/01/2025 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|-------------|
| COMMITTEE NAME Rod Brewer for Elk Grove City Council 2026 | I.D. NUMBER |
|--|-------------|

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 First Foundation Bank; Shawnda Deane, Matthew Deane | AREA CODE/PHONE (916) 283-8042 | BANK ACCOUNT NUMBER [REDACTED] | |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY Sacramento | STATE CA | ZIP CODE 95815 |

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 | | |
|--|---|------------------|--|--------------------------------------|------------------------------|
| Roderick Brewer | City Council Member City of Elk Grove District 2 | 2026 | 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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

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INSTRUCTIONS ON REVERSE

| |
|----------------------------|
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| Page 3 of 3 |
| I.D. NUMBER |

COMMITTEE NAME
Rod Brewer for Elk Grove City Council 2026

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.