

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>1/22/2025</u>	Date of termination ____/____/____

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only
	CITY CLERK'S OFFICE JAN 27 2025 PM 04:39

1. Committee Information	I.D. Number <i>(if applicable)</i> <u>1476984</u>	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Bobbie Singh-Allen for Mayor 2026		NAME OF TREASURER Marissa Russell
STREET ADDRESS (NO P.O. BOX) 5445 Madison Avenue		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 5445 Madison Avenue Sacramento CA 95841
CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95841 (916) 348-9100		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE marissa@rcbs.us (916) 348-9100
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY Denise Lewis
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) campaigns@rcbs.us / (916) 348-9111		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 5445 Madison Avenue Sacramento CA 95841
COUNTY OF DOMICILE Sacramento	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Elk Grove	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE denise@rcbs.us (916) 348-9100
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)
		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE

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 information provided is true and complete.

Executed on 1/23/2025 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/23/2025 By [Signature]
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 Bobbie Singh-Allen for Mayor 2026	I.D. NUMBER 1476984
---	------------------------

- 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	AREA CODE/PHONE (916) 724-2424	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Irvine	STATE CA
		ZIP CODE 92612

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	
Bobbie Singh-Allen	Mayor City of Elk Grove	2026	X		
			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	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3 of 3
I.D. NUMBER 1476984

COMMITTEE NAME
Bobbie Singh-Allen for Mayor 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.