

**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="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp	CALIFORNIA FORM 410 For Official Use Only CITY CLERK'S OFFICE NOV 18 2024 PM02:07

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

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	11/14/2024	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	11/14/2024	By	
	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
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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]
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ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Irvine	STATE CA	ZIP CODE 92612
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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		
Bobbie Singh-Allen	Mayor City of Elk Grove	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	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Bobbie Singh-Allen for Mayor 2026

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

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.