Statement Type	Statement of C	•	Date Stamp	CALIFORNIA AAO		
© Not yet qualified or O Date qualification threshold met O Date of termination On	-					
O Date qualification threshold met  Date qualification threshold met part of the part	Statement Type	-2-4	☐ Amendment	☐ Termination – See Part 5		For Official Use Only
1. Committee Information  I.D. Number  IR ophicable  IAMAE OF TRASSURER  Marissa Russell  STREET ADDRESS (NO P.O. 80X)  STATE ZIP CODE  AREA CODE/PHONE  STATE ZIP CODE  AREA CODE/PHONE  SACRAMENTO  CA 95841  (916) 348-9100  FULL MAILING ADDRESS (IF DIFFERENT)  EMAIL ADDRESS OF TRASSURER (REQUIRED)  AREA CODE/PHONE  STATE ZIP CODE  AREA CODE/PHONE  MAME OF ASSISTANT TREASURER, IF ANY  Denise Level  SACRAMENTO  STATE ZIP CODE  AREA CODE/PHONE  SALTAMENTO  SALTA MAIL ADDRESS (IF DIFFERENT)  AREA CODE/PHONE  SALTAMENTO  SALTA MAIL ADDRESS (IF DIFFERENT)  AREA CODE/PHONE  SALTAMENTO  SALTA MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)  AREA CODE/PHONE  SALTAMENTO  SALTA MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)  AREA CODE/PHONE  SALTAMENTO  SALTA MAIL ADDRESS (IN D. D. 80X)  STREET ADDRESS (IN D. D. 80X)  CITY  STATE ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  MAIL ADDRESS OF PRINCIPAL OFFICERIS) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIP						CITY CLERK'S OFFICE
MAME OF CONTINUENCES  Bobbie Singh-Allen for Mayor 2026  STREET ADDRESS (NO PO. BOX)  CITY  STATE ZIP CODE  MAME OF PRINCIPAL OFFICER(S)  MAME OF PRINCIPAL OFFICER(S)  MAME OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OF TREASURER (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OF TREASURER (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OF TREASURER (REQUIRED)  AREA CODE/PHONE  EMAIL ADD		O Date qualification threshold met	Date qualification threshold met	Date of termination		NOV 18 2024 PHO2:0
AMAIGO FERANJER MAI SPACE ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  MAIL ADDRESS OF STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  MAIL ADDRESS OF PRINCIPAL OFFICER(S)  MAME OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE//HONE  EMAIL ADDRESS OF PRINCIPAL OFFICER						
NAME OF TREASURER RUBBELL  STREET ADDRESS (NO P.O. BOX)  STREET AD	1. Committee I			2. Treasurer and Ot	her Principal Officers	
STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  STATE ZIP CODE  S445 Madison Avenue  Sacramento  CA 95841  STATE ZIP CODE  SACRAMENTO  CA 95841  (916) 348-9100  SACRAMENTO  CA 95841  (916) 348-9100  SACRAMENTO  STATE ZIP CODE  AREA CODE/PHONE  DESISTANT TREASURER, (REQUIRED)  CA 95841  (916) 348-9100  SACRAMENTO  STATE ZIP CODE  AREA CODE/PHONE  DESISTANT TREASURER, (REQUIRED)  CA 95841  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  SALIA ADDRESS OF COMMITTEE (REQUIRED)  AREA CODE/PHONE  CA 95841  EMAIL ADDRESS OF COMMITTEE (REQUIRED)  AREA CODE/PHONE  CA 95841  EMAIL ADDRESS OF COMMITTEE (REQUIRED)  AREA CODE/PHONE  COUNTY OF DOMICUE  JURISDICTION WHERE COMMITTEE IS ACTIVE  City of Blk Grove  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  ANAME OF PRINCIPAL OFFICERIS)  RAME OF PRINCIPAL OFFICERIS)  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  AREA CODE/PHONE  MALE ODE/STATE SUBRER (REQUIRED)  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  AREA CODE/PHONE  MALE ODE/STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STATE ADDRESS (NO P.O. BOX)  CITY	NAME OF COMMITTEE			NAME OF TREASURER		
STREET ADDRESS (NO RO. 80X)  STREET ADDRESS (NO RO. 80X)  SALES MADI SON AVENUE  CITY  STATE ZIP CODE  AREA CODE/PHONE  MALE ADDRESS OF TREASURER (REQUIRED)  NAME OF ASSITANT TREASURER, IF ANY  Denise Lewis  STREET ADDRESS (NO RO. 80X)  CITY  STATE ZIP CODE  MALE OF ASSITANT TREASURER (REQUIRED)  AREA CODE/PHONE  MALE OF PRINCIPAL OFFICER(S)  MALE OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO RO. 80X)  CITY  STATE ZIP CODE  MALE OF PRINCIPAL OFFICER(S)  MALE OFFICE	Bobbio Cinch All	on for Mayor 2026		Marissa Russell		
STREET ADDRESS (NO PO. 80X)  STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  SACTAMENTO CA 95841 (916) 348-9100  CA 95841 (916) 348-9100  SACTAMENTO CA 95841 (916) 348-9100  CA	Bobbie Singh-All	en for mayor 2026				STATE ZIP CODE
STREET ADDRESS (NO PO. BOX)  MATERIAL ADDRESS (NO PO. BOX)  STATE ZIP CODE AREA CODE/PHONE  SACYAMENTO CA 95841 (916) 348-9100  CAMPAGE CODE/PHONE (916) 348-9111  COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  SACYAMENTO CITY STATE ZIP CODE  AREA CODE/PHONE  STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  CITY STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S)					Daoi ame	nto CA 95841
SACKAMENTO CA 95841 (916) 348-9100  FULL MAILING ADDRESS (IF DIFFERENT)  E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  Campaigns@rcbs.us / (916) 348-9111  COUNTY OF DOMICLE  DIRESDICTION WHERE COMMITTEE IS ACTIVE  City of Elk Grove  Attach additional information on appropriately labeled continuation sheets.  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  AREA CODE/PHONE  denine@rcbs.us (916) 348-9100  NAME OF PRINCIPAL OFFICER(S)  TREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OFFICER(S)  EMAIL ADDRESS	STREET ADDRESS (NO PO	BOX)			(REQUIRED)	
ETTY STATE ZIP CODE AREA CODE/PHONE  Sacramento CA 95841 (916) 348-9100  FULL MAILING ADDRESS (IF DIFFERENT)  E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  campaigns@rcbs.us / (916) 348-9111  COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE  City of Elk Grove  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  MAME OF PRINCIPAL OFFICER(S)  NAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CI	150	11.622904)				(916)348-9100
Sacramento CA 95841 (916)348-9100 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  FULL MAILLING ADDRESS (F DIFFERENT)  E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  COUNTY OF DOMICILE  Sacramento City of Elk Grove  STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  MAME OF PRINCIPAL OFFICER(S)  NAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  MAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/P			ZIP CODE AREA CODE/PHONE		R, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)  5445 Madison Avenue Sacramento CA 95841  EMAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  campaigns@rcbs.us / (916) 348-9111  COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE  Sacramento City of Elk Grove  Attach additional information on appropriately labeled continuation sheets.  EMAIL ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  EMAIL ADDRESS (NO PO. BOX)  CITY STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  BY  COUNTY OF COMMITTEE IS ACTIVE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE	Sacramento	CA .	1979			
E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)  AREA CODE/PHONE denise@rcbs.us / (916)348-9100  Campaigns@rcbs.us / (916)348-9111  NAME OF PRINCIPAL OFFICER(S)  AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)  NAME OF PRINCIPAL OFFICER(S)  CITY  STATE ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S)  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S)  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S)  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  STA			73011 (710/340-31	- STREET ABBRESS (NO 1.0. BOX)		
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  campaigns@rcbs.us / (916) 348-9110  NAME OF PRINCIPAL OFFICER(S)  AREA CODE/PHONE  Attach additional information on appropriately labeled continuation sheets.  STREET ADDRESS (NO P.O. BOX)  City of Elk Grove  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  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  EXECUTED OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		*	. (6)			
NAME OF PRINCIPAL OFFICER(S)  NAME OF PRINCIPAL OFFICER(S)  NAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX)  City of Elk Grove  STREET ADDRESS (NO P.O. BOX)  City of Elk Grove  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  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  DATE  By  AME OF PRINCIPAL OFFICER(S)  EMAIL ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	E-MAIL ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)			NEXSOREN (NEQUIRED)	
Street address (No P.O. Box)  Attach additional information on appropriately labeled continuation sheets.  EMAIL ADdress OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  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  DATE  By  INCHARLE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	campaigns@rcbs.u	s / (916)348-9111	18	NAME OF PRINCIPAL OFFICER(S)		
Attach additional information on appropriately labeled continuation sheets.  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  Line and complete 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  EXECUTED  AREA CODE/PHONE  EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	COUNTY OF DOMICILE	JURISDICTION WHERE O	OMMITTEE IS ACTIVE			
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	Sacramento	City of Elk	Grove	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
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						
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	Attach additional in	nformation on appropriately labe	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL O	FFICER(S) (REQUIRED)	AREA CODE/PHONE
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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						
Executed on DATE  Executed on DATE  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	3. Verification					
Executed on DATE  Executed on DATE  DATE  DATE  DATE  DATE  DATE  By  SHONATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	I have used all reas	sonable diligence in preparing thi	s statement and to the best o	f my knowledge the information	contained herein is true and	complete Leadify and
Executed on11/14/2024 ByBy	penalty of perjury	under the laws of the State of Ca	lifernia that the foregoing is t	rue and correct	contained fierem is true and	complete. I certify under
Executed on11/14/2024 ByBy	Everyted on	11/14/2024				
DATE CHINATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	executed on	DATE By	General	RIBE OF TREASURED OF ASSISTANT TOTASURED		
THE THE PARTY OF THE THE PARTY OF THE PARTY	Executed on					
		DATE	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	- i
Executed onBySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	Executed on	DATE By	SIGNATURE OF CONTROLL	ING DESICENCI DER CANDIDATE OR STATE LICE	URE REOPONENT	
The state of the s	Executed as		SIGNATURE OF CONTROLL	MEAS	UKE PROPONENT	
Executed onBy	Executed on		SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	

## Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA **FORM** 

Page 2 of 3

COMMITTEE NAME Bobbie Singh-Allen for Mayor 2026	I.D. NUMBER	1					
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				
First Foundation Bank		(916)724-2424					
		_			- 81		
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	1		
	Irvine	2	CA	92612	í		
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	1	NCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK	ONE		
Bobbie Singh-Allen	Mayor (	city of Elk Grove	2026	Nonpartisan X	Partisan	(list political par	rty below)
				Nonpartisan	Partisan	(list political par	rty below)
Primarily Formed Committee  Primarily formed to support or of the control of the		ific candidates or measures in a single electric candidates or measures in a single electric candidate (s) office sought or he (INCLUDE DISTRICT NO., CITY C	ELD OR MEASU	JRE(S) JURISDICTI	ON	CHECK	ONE
						SUPPORT	OPPOSI

**ELECTIVE OFFICE SOUGHT OR HELD** 

YEAR OF

PARTY

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Bobbie Singh-Allen for Mayor 2026

FORM 410
----------

Page 3 of 3

I.D. NUMBER

4. Type of Committee	(Continued)			
General Purpose Committ	Not formed to support or op CITY Committee	pose specific candidates or measures in COUNTY Committee	a single election. Check only one box:	
PROVIDE BRIEF DESCRIPTION OF ACT	IVITY			
Sponsored Committee	List additional sponsors on an attac	chment.		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIAT	TION OF SPONSOR	
STREET ADDRESS NO.	AND STREET	СІТУ	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Commit	tee Date qualified	-	X	
5. Termination Requir		n, the treasurer, assistant treasurer and/or cand	idate, officeholder, or ponent certify that all of the follo	owing 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.