

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 10 / 11 / 2002

Termination - See Part 5
 Date of termination

Date Stamp
RECEIVED
JAN 31 2022
City of Rancho Cordova
Office of the City Clerk

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) 1248483 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Rancho Cordova Chamber of Commerce PAC

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Rancho Cordova CA 95670 (916) 361-8700

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Sacramento Sacramento County

NAME OF TREASURER
Denise Lewis

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95841 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Marissa Russell

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95841 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Diann Rogers

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Rancho Cordova CA 95670 [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 [REDACTED]

Executed on 1/30/2023 By [REDACTED]

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

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| COMMITTEE NAME Rancho Cordova Chamber of Commerce PAC | I.D. NUMBER 1248483 |
|--|------------------------|

• All committees must list the financial institution where the campaign bank account is located.

| | | |
|--|-----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION First Foundation Bank | AREA CODE/PHONE (916) 724-2424 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS 18101 Von Karman Ave, Suite 750 | CITY Irvine | STATE ZIP CODE CA 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 | | (list political party below) |
|--|---|------------------|-------------|----------|------------------------------|
| | | | Nonpartisan | Partisan | |
| | | | | | |
| | | | | | |

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

Rancho Cordova Chamber of Commerce PAC

I.D. NUMBER

1248483

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

Support/Oppose, State & Local Candidates & Ballot Measures

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Rancho Cordova Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Rancho Cordova

CA

95670

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.