

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 10 / 04 / 2021	Date of termination 03 / 13 / 2024

Date Stamp
RECEIVED
APR 3 2024
City of Rancho Cordova
Office of the City Clerk

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p>I.D. Number (if applicable) 1440928</p> <p>NAME OF COMMITTEE Donald Terry for City Council 2024</p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95815 [REDACTED]</p> <p>FULL MAILING ADDRESS (IF DIFFERENT)</p> <p>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) (FAX (OPTIONAL)) [REDACTED]</p> <p>COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Sacramento County Rancho Cordova</p> <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	<p>NAME OF TREASURER Donald Terry</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Sacramento CA 95815</p> <p>EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]</p> <p>NAME OF ASSISTANT TREASURER, IF ANY Shawnda Deane</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Sacramento CA 95815</p> <p>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]</p> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE</p> <p>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE</p>

3. Verification

I have used all reasonable diligence in preparing this statement and 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 contained herein is true and complete. I certify under

Executed on 03/13/2024 By [REDACTED]

Executed on 03/13/2024 By [REDACTED]

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
Donald Terry for City Council 2024

I.D. NUMBER
1440928

• 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 [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 1601 Response Road, Suite 190	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		
			Nonpartisan	Partisan	(list political party below)
Donald Terry	City Council Member Rancho Cordova	2024	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

COMMITTEE NAME
Donald Terry for City Council 2024

I.D. NUMBER
1440928

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.