

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input checked="" type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>Amendment</b>	<input type="checkbox"/> <b>Termination – See Part 5</b>
<input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
07 / 30 / 2024	____/____/____	____/____/____

Date Stamp  
**RECEIVED**  
SEP 13 2024  
City of Rancho Cordova  
Office of the City Clerk

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Mann for City Council 2024				NAME OF TREASURER Chris Mann				
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
[REDACTED]				[REDACTED]		Sacramento	CA	95827
CITY		STATE	ZIP CODE	EMAIL ADDRESS OF TREASURER (REQUIRED)				
Sacramento	CA	95827	[REDACTED]					
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Niel Skalican				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
[REDACTED]				[REDACTED]		McLean	VA	22101
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				
Sacramento County	City of Rancho Cordova			[REDACTED]				
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)				
				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				[REDACTED]				
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				
				[REDACTED]				

**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	09/04/2024	By	Niel Skalican	Digitally signed by Niel Skalican Date: 2024.09.04 15:10:23 -07'00'
	DATE			SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	09/04/2024	By	chris mann	Digitally signed by chris mann Date: 2024.09.06 15:09:14 -07'00'
	DATE			SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Mann for City Council 2024	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 Wells Fargo Bank; Chris Mann	AREA CODE/PHONE (800) 869-3557	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 420 Montgomery St	CITY San Francisco	STATE CA	ZIP CODE 94104

**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		
Chris Mann	City Council: City of Rancho Cordova District 3	2024	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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Mann for City Council 2024

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.