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Statement of Organization
Recipient Committee

Statement Type

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

Date Stamp
**DIGITALLY
RECEIVED AND
FILED**
in the office of the
California Secretary
of State
SEP 06 2024

CALIFORNIA FORM 410
RECEIVED
SEP 19 2024
City of Rancho Cordova
Office of the City Clerk

1. Committee Information		I.D. Number <small>(if applicable)</small>		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) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Sacramento	STATE CA	ZIP CODE 95827
CITY Sacramento		STATE CA	ZIP CODE 95827	EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]		
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Niel Skalican				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY McLean	STATE VA	ZIP CODE 22101
COUNTY OF DOMICILE Sacramento County	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Rancho Cordova			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]		
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)				
				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE		
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
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Digitally signed by Niel Skalican Date: 2024.09.04 15:10:23 -07'00'

Executed on 09/04/2024 By chris mann
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Digitally signed by chris mann Date: 2024.09.06 15:09:14 -07'00'

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

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Recipient Committee**

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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		
			Nonpartisan	Partisan	(list political party below)
Chris Mann	City Council: City of Rancho Cordova District 3	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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

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I.D. NUMBER

COMMITTEE NAME

Mann for City Council 2024

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.