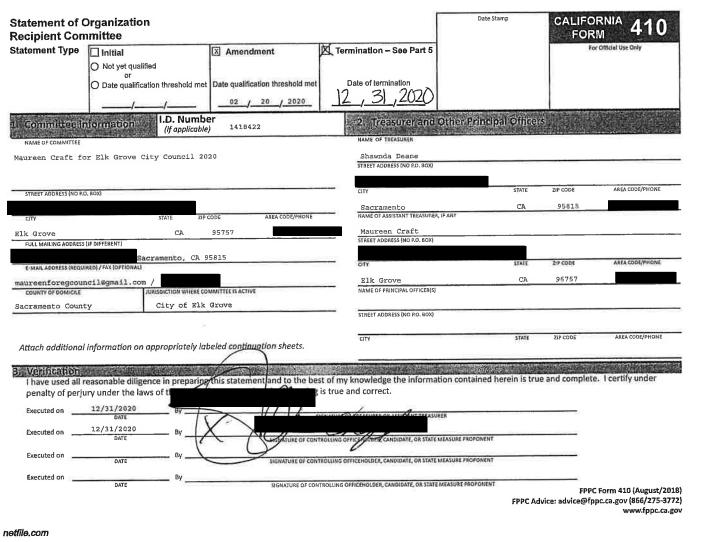
## CITY CLERK'S OFFICE FEB 01 2021 AH09:58



# Statement of Organization CALIFORNIA Recipient Committee FORM INSTRUCTIONS ON REVERSE Page 2 of 3 COMMITTEE NAME Id. NUMBER Maureen Craft for Elk Grove City Council 2020 1418422

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUM	BANK ACCOUNT NUMBER	
First Foundation Bank	(916)283-8042			
ADDRESS	CITY	STATE	ZIP CODE	
	Sacramento	CA	95815	
4. Type of Committee Complete the applicable sections.		Succession and provide the		

#### 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	PA R CHECK		
Maureen Craft	City Council Member City of Elk Grove Dis	rict 3 2020	Nonpartisan X	Partisan	(list political party below)
			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
		SUPPORT
		SUPPORT

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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### Statement of Organization **Recipient Committee**

INSTRUCTIONS	ON	REVERSE

Statement of Organization Recipient Committee	CALIFORNIA FORM 410 Page 3 of 3		
INSTRUCTIONS ON REVERSE			
COMMITTEE NAME	I,D, NUMBER		
Maureen Craft for Elk Grove City Council 2020	1418422		
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 being the country committee         Image: Country Committee       Image: Country Committee       Image: Country Committee	хос:		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Sponsored Committee List additional sponsors on an attachment.			
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR			

STATE

ZIP CODE

STREET	ADDRESS	

Small Contributor Committee	
Date quaimed	_

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;

CITY

· This committee has no surplus funds; and

NO. AND STREET

- 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.

AREA CODE/PHONE