

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____

Termination - See Part 5
 Date of termination 8/11/22

Date Stamp

CALIFORNIA FORM 410
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CITY CLERK'S OFFICE
AUG 12 2022 PM 02:59

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number <u>1432797</u> <small>(if applicable)</small>		NAME OF TREASURER <u>MANARZO C. LLASOS</u>	
NAME OF COMMITTEE <u>PASTOR 2020 MAYOR OF ELK GROVE</u>		NAME OF ASSISTANT TREASURER, IF ANY	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE <u>ELK GROVE CA 95758</u>	
CITY STATE ZIP CODE AREA CODE/PHONE <u>ELK GROVE CA 95757</u>		NAME OF PRINCIPAL OFFICER(S)	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>BRIANPASTOR@GMAIL.COM</u>		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE <u>SACRAMENTO</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>ELK GROVE</u>	
[REDACTED]		STREET ADDRESS (NO P.O. BOX)	
[REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE	

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 8/11/22 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/11/22 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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