Statement of Organization Recipient Committee				Date Stamp	CALIFO FOR		
Statement Type	☐ Initial		▼ Termination – See Part 5		For Official Use Only		
	O Not yet qualified				/07	TY CLERK'S OFFIC	
	or O Date qualification threshold met	Date qualification threshold met	Date of termination		A	UG 02 2023 PM01 2	
	O Bato qualification allocations mot		6 , 30 , 2023		3.3		
	//	09 / 23 / 2021	<u> </u>			Market Market Company Company	
1. Committee Ir	nformation I.D. Number		2. Treasurer and Oth	ner Principal Officer	S		
NAME OF COMMITTEE	The Mark Leaves to		NAME OF TREASURER				
Felipe Martin fo	or Elk Grove City Council 20	22	Vona Copp				
-	•		STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.C	O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
8801 Folsom Blvd	i., Ste. 250		Wilton	CA	95693	(916)686-1815	
CITY		ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	IY			
Sacramento	CA	95826 (916)642-12	215 Logan Copp				
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
P.O. Box 850 Wil	lton, CA 95693						
E-MAIL ADDRESS (REQUI			City	STATE	ZIP CODE	AREA CODE/PHONE	
vonac@comcast.ne	et / (866)637-2679		Wilton	CA	95693	(916)686-1815	
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Sacramento Count	ty City of Elk	Grove					
			STREET ADDRESS (NO P.O. BOX)				
		2	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE	
Attach additional	l information on appropriately lab	eled continuation sheets.	City	SIAIL	ZIF CODE	AREA CODE, PROME	
3. Verification			(A) 10 10 10 10 10 10 10 10 10 10 10 10 10				
			st of my knowledge the information	contained herein is tru	e and complet	e. I certify under	
penalty of perju	ury under the laws of the State of	California that the foregoing	is true and correct.				
Executed on	7/11/2023 By						
	DATE		IGNATURE OF TREASURER OR ASSISTANT TREASURER				
Executed on	7/8/2023 By	ZSIGNATURE OL COM	IROLLING OFFICENDEDER, CANDIDATE, OR STATE MEAS	LIRE PROPONENT			
	_	January Chie Gr Coll		one, not offer			
Executed on	DATE By	SIGNATURE OF CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT			
Executed on	Ву			¥			
1	DATE	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT	FPP	C Form 410 (August/2018)	

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

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE							CALIFORNIA 410 FORM Page 2 of 4			
COMMITTEE NAME								1, D. NUMBER		
Felipe Martin for Elk Grove City Council 2022						1440829				
All committees must list the financial institution where the campaign bases.	ank accoun	t is located.								
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOUNT NUMBER							
California Bank & Trust	(213	228-1709								
ADDRESS	CITY STATE ZIP CO		CODE							
	Los	Angeles	CA		90071					
4. Type of Committee Complete the applicable sections.	2 2 3 - 1		T THE PARTY	HET !		1		recti it		
List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.	measure j	proponent. If candidate or office	ceholder co	ontrolled,	also list the ele	ective offi	ce sought or he	ld, and		
 List the political party with which each officeholder or candidate i If this committee acts jointly with another controlled committee, 						ole.				
ALLES OF CAMPINATE OFFICE AND PER PROPERTY.		ELECTIVE OFFICE SOUGHT OR HELD		YEAR OF	PARTY					
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPLICABLE)			ELECTION	CHECK Nonpartisan		(list political party	holowi		
Felipe Martin		City Council Member District 2		2022	Х	Tarcison	(list political party	below)		
		A-			Nonpartisan	Partisan	(list political party	below)		
Primarily Formed Committee Primarily formed to support or op	pose spe	cific candidates or measures in	a single ele	ction. List	below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTI (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)				ı	CHECK	ONE			
							SUPPORT	OPPOSE		
							SUPPORT	OPPOSE		

Statement of Organization Recipient Committee

FORM 410

INSTRUCTIONS ON REVERSE

		Page 3 of 4
COMMITTEE NAME		I.D. NUMBER
Felipe Martin for Elk Grove City Council 2022		1440829
4. Type of Committee (Continued)		
General Purpose Committee Not formed to support or oppose specific candidates or measures i □ CITY Committee □ COUNTY Committee	n a single election. Check only one b STATE Committee	ox:
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	e, officeholder, or proponent certify that all of t	he following conditions have been met:
This constitutes have a consider a continuous tributions and continuous additional		

- 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.

Additional Comments For Form 410

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COMMITTEE NAME

Felipe Martin for Elk Grove City Council 2022

1440829

Termination