

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	6/30/2020

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY CLERK'S OFFICE AUG 10 2020 PM03:14	

1. Committee Information	I.D. Number (if applicable) 1397642	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Tracie Stafford for Elk Grove Mayor 2018

STREET ADDRESS (NO P.O. BOX)
3452 16th St #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Francisco	CA	94114	(916) 667-8977

FULL MAILING ADDRESS (IF DIFFERENT)
8359 Elk Grove Florin Road #103, Sacramento, CA 95829

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Info@TracieStafford.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Francisco	Sacramento County

NAME OF TREASURER
Albany Aroyan

STREET ADDRESS (NO P.O. BOX)
3452 16th St #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Francisco	CA	94114	415-678-7089

NAME OF ASSISTANT TREASURER, IF ANY
Tracie Stafford

STREET ADDRESS (NO P.O. BOX)
3452 16th St #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Francisco	CA	94114	(916) 667-8977

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 the foregoing is true and correct.

Executed on	7/31/2020	By	[Signature]
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	7/31/2020	By	[Signature]
	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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Tracie Stafford for Elk Grove Mayor 2018

I.D. NUMBER

1397642

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

NAME OF FINANCIAL INSTITUTION Bank of the West	AREA CODE/PHONE 1-800-488-2265	BANK ACCOUNT NUMBER 050196153	
ADDRESS 8426 Elk Grove Florin Road	CITY Elk Grove	STATE CA	ZIP CODE 95624

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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
Tracie Stafford	Mayor	2018	✓	
			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 ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Clear Page

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