

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	08 / 2 / 2022

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

CITY CLERK'S OFFICE
AUG 02 2022 PM 04:00

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		I.D. Number (if applicable)		NAME OF TREASURER			
Sergio Robles for Elk Grove city council 2022		1440061		Sergio Robles			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		[REDACTED]		[REDACTED] CA 95758 916-548-1809			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Elk Grove			
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)					
robles2021@gmail.com							
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE						
Sacramento County	city of Elk Grove						
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)					
		STREET ADDRESS (NO P.O. BOX)					
		CITY STATE ZIP CODE 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 08/02/2022 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/02/2022 By [REDACTED]
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