

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>05/27/2025</u>	Date of termination ____/____/____

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

CITY CLERK'S OFFICE
MAY 29 2025 AM 10:52

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) <u>1481032</u>			
NAME OF COMMITTEE <u>Re-Elect Darren Suen for City Council 2028</u>		NAME OF TREASURER <u>Marissa Russell</u>	
STREET ADDRESS (NO P.O. BOX) <u>5445 Madison Avenue</u>		CITY <u>Sacramento</u>	STATE ZIP CODE <u>CA 95841</u>
STREET ADDRESS (NO P.O. BOX) <u>5445 Madison Avenue</u>		EMAIL ADDRESS OF TREASURER (REQUIRED) <u>marissa@rcbs.us</u>	
CITY <u>Sacramento</u>	STATE <u>CA</u>	ZIP CODE <u>95841</u>	AREA CODE/PHONE <u>(916) 348-9100</u>
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY <u>Jerry Attebery</u>	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <u>campaigns@rcbs.us / (916) 348-9111</u>		STREET ADDRESS (NO P.O. BOX) <u>5445 Madison Avenue</u>	
COUNTY OF DOMICILE <u>Sacramento</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>City of Elk Grove</u>	CITY <u>Sacramento</u>	STATE ZIP CODE <u>CA 95841</u>
<i>Attach additional information on appropriately labeled continuation sheets.</i>		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) <u>jerry@rcbs.us</u>	
		NAME OF PRINCIPAL OFFICER(S)	
		STREET ADDRESS (NO P.O. BOX)	
		CITY	STATE ZIP CODE
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	
		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 05/27/2025 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/27/2025 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Re-Elect Darren Suen for City Council 2028	I.D. NUMBER 1481032
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS First Foundation Bank Denise Lewis	AREA CODE/PHONE (916) 724-2424	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Irvine	STATE CA	ZIP CODE 92612

4. Type of Committee Complete the applicable sections.

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	PARTY CHECK ONE		
Darren Suen	City Council Member City of Elk Grove City of Elk Grove District 1	2028	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 ONE	
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Re-Elect Darren Suen for City Council 2028

I.D. NUMBER
1481032

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 box:

CITY Committee

COUNTY Committee

STATE Committee

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, officeholder, or ponent 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;
- 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.