

**Statement of Organization
Recipient Committee**

R
L 09

1475327

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 9 / 20 / 24	<input type="checkbox"/> Amendment Date qualification threshold met / /	<input type="checkbox"/> Termination – See Part 5 Date of termination / /
---	--	--

Date Stamp

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

SEP 20 2024

CALIFORNIA FORM 410



For Official Use Only

OCT 10 2024

CITY OF PLACERVILLE
 3101 CENTER STREET
 PLACERVILLE, CA 95667

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number <small>(if applicable)</small>	
NAME OF COMMITTEE Carter for Placerville PLACERVILLE COUNCIL 2024	NAME OF TREASURER Ryan Carter
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Placerville CA 95667
CITY Placerville STATE ZIP CODE AREA CODE/PHONE CA 95667 [REDACTED]	EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Placerville CA 95667
COUNTY OF DOMICILE El Dorado	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]
JURISDICTION WHERE COMMITTEE IS ACTIVE City of Placerville	NAME OF PRINCIPAL OFFICER(S) Ryan Carter
Attach additional information on appropriately labeled continuation sheets.	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Placerville CA 95667
	EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]
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	9/20/24	DATE	By	 SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	9/20/24	DATE	By	 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Carter for Placerville	I.D. NUMBER
--	-------------

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 Schools First Federal Credit Union	AREA CODE/PHONE 916-569-5400	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION PO BOX 11547	CITY Santa Ana	STATE CA	ZIP CODE 92711

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		
Ryan Carter	Placerville City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

COMMITTEE NAME

Carter for Placerville

I.D. NUMBER

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.

FPPC Form 410 (October/2023)

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

www.fppc.ca.gov