

Statement of Organization Recipient Committee

Statement Type

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

Date Stamp
DIGITALLY RECEIVED AND FILED
 in the office of the California Secretary of State
AUG 06 2024

CALIFORNIA FORM 410
 For Official Use Only
AUG 19 2024
 BY: *[Signature]* R/JM

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Call for City Council 2024				NAME OF TREASURER Stacy Call				STREET ADDRESS (NO P.O. BOX) [Redacted]			
STREET ADDRESS (NO P.O. BOX) [Redacted]				CITY Riverbank				STATE CA			
CITY Riverbank				STATE CA				ZIP CODE 95367			
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF TREASURER (REQUIRED) [Redacted]				AREA CODE/PHONE [Redacted]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) call4actiond4@gmail.com				NAME OF ASSISTANT TREASURER, IF ANY Megan Jordan				STREET ADDRESS (NO P.O. BOX) [Redacted]			
COUNTY OF DOMICILE Stanislaus				JURISDICTION WHERE COMMITTEE IS ACTIVE Riverbank				CITY Manteca			
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [Redacted]				STATE CA			
				NAME OF PRINCIPAL OFFICER(S) Stacy Call				ZIP CODE 95336			
				STREET ADDRESS (NO P.O. BOX) [Redacted]				CITY Riverbank			
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [Redacted]				STATE CA			
								ZIP CODE 95336			

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 08/06/2024 By Megan Jordan
Digitally signed by Megan Jordan Date: 2024.08.06 15:08:21 -0700

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/06/2024 By Stacy Call
Digitally signed by Stacy Call Date: 2024.08.06 15:08:39 -0700

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

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COMMITTEE NAME Call for City Council 2024	I.D. NUMBER
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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 Wells Fargo, [REDACTED]	AREA CODE/PHONE 209/538-5020	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 2213 Claribel Rd, C	CITY Riverbank	STATE CA	ZIP CODE 95367

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		
Stacy Call	City Council, District 4	2024	Nonpartisan <input checked="" type="checkbox"/>	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
		SUPPORT	OPPOSE

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Recipient Committee**

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I.D. NUMBER

COMMITTEE NAME

Call for City Council 2024

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.