

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or
☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met
10 / 09 / 2026

☐ Termination - See Part 5

Date of termination

CALIFORNIA
FORM 410

For Official Use Only

Date Stamp

RECEIVED

OCT 13 2026

CITY OF PLACERVILLE

1. Committee Information

NAME OF COMMITTEE

Terri Carr City Council 2026

I.D. Number 1495022

(if applicable)

STREET ADDRESS (NO P.O. BOX)

CITY

Placerville

STATE

Ca

ZIP CODE

95667

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

El Dorado

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Placerville

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Terri Carr

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS OF TREASURER (REQUIRED)

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

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

DATE

10-12-2026

Executed on

DATE

10-12-2026

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Terri Carr City Council 2026

I.D. NUMBER
1495022

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

El Dorado Savings Bank Terri Carr or Heather Lemos

AREA CODE/PHONE

(800) 888-7739

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION
2888 Ray Lawyer Drive

CITY

Placerville

STATE

Ca

ZIP CODE

95867

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

Terri Carr

City of Placerville City Council

2026

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