

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
 10 / 11 / 2017 Date qualified as committee  
 10 / 11 / 2017 Date of termination

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State of California  
**FEB 05 2018**

CALIFORNIA FORM **410**  
 For Official Use Only  
 1399542

I.D. Number (if applicable)

NAME OF COMMITTEE  
 Al Fox for Citrus Heights City Council 2018

NAME OF TREASURER  
 Ruth A. Fox

STREET ADDRESS (NO P.O. BOX)  
 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE  
 Citrus Heights CA 95610 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE  
 Citrus Heights CA 95610 [Redacted]

NAME OF ASSISTANT TREASURER, IF ANY  
 Albert J Fox

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)  
 [Redacted]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE  
 Citrus Heights CA 95610 [Redacted]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Sacramento Citrus Heights, Sacramento, CA

NAME OF PRINCIPAL OFFICER(S)  
 [Redacted]

STREET ADDRESS (NO P.O. BOX)  
 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE  
 [Redacted]

Attach additional information on appropriately labeled continuation sheets.

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 1/31/2018 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 1/31/2018 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA  
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ID. NUMBER  
1399542

COMMITTEE NAME  
**Committee to Elect Al Fox for City Council, 2018**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>US Bank</b>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <b>6199 Sunrise Mall</b>	CITY <b>Citrus Heights</b>	STATE <b>CA</b>
		ZIP CODE <b>95610</b>

**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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	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
		SUPPORT	OPPOSE

Clear Page

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