

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CALIFORNIA FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_  
For Official Use Only

Date Stamp  
**RECEIVED**  
JUL 23 2018  
By \_\_\_\_\_

Statement covers period  
from 01/01/2018  
through 6/30/2018

Date of election if applicable:  
(Month, Day, Year)  
11/6/2018

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1399542

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Albert Fox for Citrus Heights City Council 2018

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Citrus Heights CA 95611-0652

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Ruth Fox

MAILING ADDRESS  
[REDACTED]

STATE ZIP CODE AREA CODE/PHONE  
CA 95612 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 6/30/2018  
Date

Executed on 6/30/2018  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                       |
|---|---------------------------------------|
| Statement covers period<br>from <u>3/1/2018</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
| through <u>6/30/2018</u>                        |                                       |
| Page _____ of _____                             | I.D. NUMBER<br><b>1399542</b>         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>350.00</u>   | \$ <u>350.00</u>                           |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | \$ <u>1000.00</u>  | \$ <u>1000.00</u>                          |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>1350.00</u>  | \$ <u>1350.00</u>                          |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>1350.00</u>  | \$ <u>1350.00</u>                          |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30  | 7/1 to Date |
|----------------------------|-------------------|-------------|
| 20. Contributions Received | \$ <u>1350.00</u> | \$ _____    |
| 21. Expenditures Made      | \$ <u>348.00</u>  | \$ _____    |

**Expenditures Made**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>348.00</u>   | \$ <u>348.00</u>                           |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      |  |  |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ _____   | \$ _____                                   |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> |  |  |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         |  |  |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>348.00</u>   | \$ <u>348.00</u>                           |

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                   |
|--|-------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>25.00</u>   |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | \$ <u>1350.00</u> |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                |                   |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | \$ <u>348.00</u>  |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>1027.00</u> |

*If this is a termination statement, Line 16 must be zero.*

|  |          |
|--|----------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ _____ |
|--|----------|

**Cash Equivalents and Outstanding Debts**

|  |          |
|--|----------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ _____ |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>3/1/2018</u><br>through <u>6/30/2018</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   |  |                                |
| NAME OF FILER   |  | I.D. NUMBER<br>1399542         |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 4/11/2018     | Garland Rosauro<br>[REDACTED]<br>Citrus Heights, CA 95610                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200.00                      |  |                                       |
| 5/15/2018     | Charles Stone<br>[REDACTED]<br>CITRUS HEIGHTS, CA   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Investigatot/Attorney<br>State of Calif   | 150.00                      |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$ 350.00**

**Schedule A Summary**

|  |                        |
|--|------------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ 350.00              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ 99.00               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ 449.00</b> |

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>3/1/2018</u><br>through <u>6/30/2018</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page _____ of _____        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Albert Fox

I.D. NUMBER

1399542

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                         | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                             |
|---|--|--|------------------------------------|--|--|----------------------------------|--|---|
| Albert Fox<br>[REDACTED]  | Self   | \$ _____   | \$ <u>1000.00</u>                  | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ <u>1000.00</u><br><u>12/30/2018</u><br>DATE DUE | _____%<br>RATE                   | \$ <u>1000.00</u><br><u>3/26/2018</u><br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>2018</u><br>PER ELECTION**<br>\$ <u>2018</u> |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED                              | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____             |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED                              | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____             |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED                              | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____             |
| <b>SUBTOTALS</b>  |  | \$   | <b>1000.00</b>                     | \$   | <b>1000.00</b>                                     | \$                               |  |   |

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 1000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ -0-  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 1000.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                         |           |                                |
|-------------------------|-----------|--------------------------------|
| Statement covers period |           | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 3/1/2018  |                                |
| through                 | 6/30/2018 | Page _____ of _____            |
|                         |           | I.D. NUMBER<br>1399542         |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Albert Fox

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (Internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CODE OR | DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|--|---------|----------------------------|-------------|
| USPS<br>Citrus Heights, CA 95621                                       | OFC     | Postage Stamps             | 140.00      |
| Allstar Printing<br>7920 Alta Sierra Dr. Ste 120<br>Citrus Heights, CA | LIT     | Campaign Envelope<br>Cards | 207.96      |
|  |         |                            |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 347.96**

**Schedule E Summary**

- |  |                 |               |
|--|-----------------|---------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 347.96        |
| 2. Unitemized payments made this period of under \$100   | \$              |               |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              |               |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | <b>347.96</b> |