

# Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified		
<input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	11 / 08 / 2019

Date Stamp

**RECEIVED**

NOV 14 2019

By \_\_\_\_\_

**CALIFORNIA FORM 410**

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE: Friends of Jeff Slowey for City Council 2016

I.D. Number (if applicable): 1265957

STREET ADDRESS (NO P.O. BOX): 7417 Voyager Way

CITY: Citrus Heights

STATE: CA

ZIP CODE: 95621

AREA CODE/PHONE: 916-723-8828

FULL MAILING ADDRESS (IF DIFFERENT):

NAME OF TREASURER: Laire Slowey

STREET ADDRESS (NO P.O. BOX): 7417 Voyager Way

CITY: Citrus Heights

STATE: CA

ZIP CODE: 95621

AREA CODE/PHONE: 916-723-8828

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO P.O. BOX):

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): jslowey@citrusheights.net

COUNTRY OF DOMICILE:

JURISDICTION WHERE COMMITTEE IS ACTIVE:

CITY:

STATE:

ZIP CODE:

AREA CODE/PHONE:

NAME OF PRINCIPAL OFFICER(S):

STREET ADDRESS (NO P.O. BOX):

Attach additional information on appropriately labeled continuation sheets.

## 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	11/08/19	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	11/09/19	By		SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By		SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME  
Friends of Jeff Slowey for City Council 2016

1265957

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

NAME OF FINANCIAL INSTITUTION SAFE CU	AREA CODE/PHONE 916-979-7233	BANK ACCOUNT NUMBER 871525
ADDRESS 2295 Iron Point Rd # 100	CITY Folsom	STATE CA
		ZIP CODE 95630

## 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	
			<input type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan <input type="checkbox"/> Partisan	(list political party below)  (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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>