

1399542

Statement of Organization Recipient Committee

R 34

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified or

Date qualified as committee

_____/_____/_____
Date qualified as committee
(If amending to provide this date)

_____/_____/_____
Date of termination

RECEIVED AND FILED
in the office of the Secretary
of the State of California

CALIFORNIA FORM 410

For Official Use Only

OCT 11 2017

R/S

1. Committee Information

I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Al Fox for Citrus Heights City Council 2018

NAME OF TREASURER

Albert J. Fox

STREET ADDRESS (NO P.O. BOX)

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Citrus Heights

STATE

CA

ZIP CODE

95610

AREA CODE/PHONE

[Redacted]

CITY

Citrus Heights,

STATE

CA

ZIP CODE

95610

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS (IF DIFFERENT)

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

ajfox5@comcast.net

COUNTY OF DOMICILE

Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE

Citrus Heights, Sacramento, CA

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 10-9-2017

DATE

By [Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Al Fox for Citrus Heights City Council 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Pending			
ADDRESS	CITY	STATE	ZIP CODE

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."
- 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
Albert J Fox	Citrus Heights City Council	2018	<input type="checkbox"/> Nonpartisan Republican
			<input type="checkbox"/> Nonpartisan

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)	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"/>