

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number <i>(if applicable)</i>				Name of Treasurer Bret Daniels			
Name of Committee Re-Elect Bret Daniels for City Council 2020				Street Address (No P.O. Box) [REDACTED]			
Street Address (No P.O. Box) [REDACTED]				City Citrus Heights	State CA	Zip Code 95621	Area Code/Phone [REDACTED]
City Citrus Heights	State CA	Zip Code 95621	Area Code/Phone [REDACTED]	Name of Assistant Treasurer, if any			
Full Mailing Address (if different)				Street Address (No P.O. Box)			
E-Mail Address (Required) / Fax (Optional)				City	State	Zip Code	Area Code/Phone
County of Domicile Sacramento		Jurisdiction Where Committee is Active City of Citrus Heights		Name of Principal Officer(s)			
Attach additional information on appropriately labeled continuation sheets.				Street Address (No P.O. Box)			
				City	State	Zip Code	Area Code/Phone

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 07/30/20 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/30/20 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Re-Elect Bret Daniels for City Council 2020	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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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		
Bret Daniels	City Councilmember	2020	Nonpartisan <input checked="" type="checkbox"/>	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