

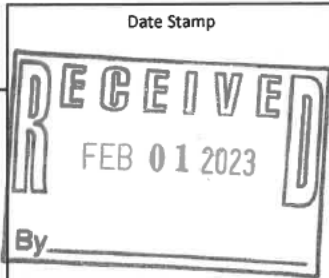
**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination – See Part 5
 Date of termination 01/30/2023



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE AI Fox for Citrus Heights City Council, District 4 2022				(if applicable) 1451748				NAME OF TREASURER Ruth Fox			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				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 Stephanie Crary				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE Citrus Heights CA 95610 [REDACTED]				NAME OF PRINCIPAL OFFICER(S) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE Citrus Heights CA 95610 [REDACTED]			
COUNTY OF DOMICILE Sacramento		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Citrus Heights		STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]			
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 1/30/2023 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE

Executed on 1/30/2023 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Al Fox for City Council 2022 (District 4)	I.D. NUMBER
---	-------------

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 1 800-225-5935	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS PO Box 6995	CITY Portland,	STATE OR
		ZIP CODE 97228-6995

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		(list political party below)
			Nonpartisan	Partisan	
Albert Fox	Citrus Heights City Council, Distrit 4	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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