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 _____

RECEIVED Date Stamp JUL 24 2026

CALIFORNIA FORM **410**

For Official Use Only

1. Committee information

I.D. Number *(if applicable)* PENDING

NAME OF COMMITTEE
Susan Powers for Citrus Heights City Council District 4 2026

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Citrus Heights	CA	95610	5592481623

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 856, Springville, CA 93265

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
korey@fslcom.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Sacramento	City of Citrus Heights

Attach additional information on appropriately labeled continuation sheets

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Korey Wells

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[redacted]	Springville	CA	93265

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
korey@fslcom.com	5592481623

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	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 07/19/2026 By Korey Wells
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/19/2026 By Susan Powers
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I. D. NUMBER
Susan Powers for Citrus Heights City Council District 4 2026	PENDING

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOUNT NUMBER
Safe Credit Union	Susan Powers	916-979-7233	[redacted]

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
7601 Sunrise Blvd	Citrus Heights	CA	95610

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		
Susan Powers	City of Citrus Heights City Council Member District 4	2026	Nonpartisan ☒	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 ☐

Statement of Organization
Recipient Committee

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Susan Powers for Citrus Heights City Council District 4 2026

I. D. NUMBER
PENDING

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ **CITY Committee** ☐ **COUNTY Committee** ☐ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

Small Contributor Committee

☐ _____
Date Qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.