

**Statement of Organization  
Recipient Committee**

Statement Type

- Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

- Amendment  
 Date qualification threshold met

- Termination - See Part 2  
 Date of termination

Date Stamp

**RECEIVED**  
 AUG 11 2020  
 CITY CLERK

CALIFORNIA FORM 410  
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**1. Committee Information**

NAME OF COMMITTEE

Jerry Jones for Mayor 2020

I.D. Number  
(if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

William Baber

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

La Mesa

STATE

CA

ZIP CODE

91942

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

FULL MAILING ADDRESS (IF DIFFERENT)

7918 El Cajon Blvd. #N-162, La Mesa, CA 91942

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

wtblaw@flash.net

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Lemon Grove

CITY

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE

STATE

ZIP CODE

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 and belief, the information herein is true and complete. I certify under penalty of perjury under the laws of the State of California that:

Executed on 8-4-2020 By \_\_\_\_\_

Executed on 8-4-2020 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

[REDACTED SIGNATURE]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

COPY

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME  
Jerry Jones for Mayor 2020

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

NAME OF FINANCIAL INSTITUTION

Union Bank

AREA CODE/PHONE

619-667-3000

BANK ACCOUNT NUMBER

TBD

ADDRESS

3285 Lemon Grove Avenue

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

**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

Jerry Jones

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Lemon Grove Mayor

YEAR OF ELECTION

2020

PARTY  
CHECK ONE

Nonpartisan



Partisan

Nonpartisan



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 |
|  |  |           |        |
|  |  |           |        |

**Statement of Organization  
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Jerry Jones for Mayor 2020

**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 OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

*Small Contributor Committee*

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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.