

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from <u>1/1/2026</u>
through <u>6/30/2026</u>

Date of election if applicable:
(Month, Day, Year)11/4/2024

Date Stamp

Received
7/31/2026
Joel G. Pablo
City Clerk

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For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.☒ Officeholder, Candidate Controlled Committee☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee☐ Primarily Formed Ballot Measure Committee☐ Controlled
☐ Sponsored

(Also Complete Part 5)

☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:☐ Preelection Statement☒ Semi-annual Statement☐ Termination Statement

(Also file a Form 410 Termination)

☐ Amendment (Explain below)☐ Quarterly Statement☐ Special Odd-Year Report**3. Committee Information**

I.D. NUMBER

1466969

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Alysson Snow for Lemon Grove Mayor 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Same

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alysson Snow

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the

Executed on 7/31/2026

Date

Executed on 7/31/2026

Date

Executed on _____

Date

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alysson Snow

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Lemon Grove

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED]

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Committee Against Recall of Alysson Snow

I.D. NUMBER

1482932

NAME OF TREASURER

Max Coston

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

See Attached

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Alysson Snow for Lemon Grove Mayor 2024

Statement covers period
from 1/1/2026
through 6/30/2026

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I.D. NUMBER

1466969

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 50.00	\$ 50.00
2. Loans Received..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 50.00	\$ 50.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 50.00	\$ 50.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 305.68	\$ 305.68
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 305.68	\$ 305.68
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 305.68	\$ 305.68

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2,148.88
13. Cash Receipts..... Column A, Line 3 above	50.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	305.68
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1893.20

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 4,835.10 Loan Balance

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2026</u> through <u>6/30/2026</u>	CALIFORNIA FORM 460
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NAME OF FILER

Committee to Elect Alysson Snow for Mayor 2024

I.D. NUMBER

1466969

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/15/2026	Tia Ramirez, [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, City of San Diego	\$50.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				\$50.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 50.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 50.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1

Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 1/1/2026

through 6/30/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Committee to Elect Alysson Snow for Lemon Grove Mayor 2024

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alysson Snow [REDACTED] [REDACTED] [REDACTED]	Professor/University of San Diego School of Law Mayor/City of Lemon Grove	\$ 4,835.10	\$ 0.00	☒ PAID \$ 0.00 ☐ FORGIVEN \$	\$ 4,835.10 12/31/2026 DATE DUE	0.00% RATE	\$ 4,835.10 1/26/2025 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
[†] ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
[†] ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
[†] ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,835.10	\$ 0.00		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 4,835.10
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 4,835.10
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

[†]Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from 1/1/2026		
through 6/30/2026		Page 6 of 6
NAME OF FILER Committee to Elect Alysson Snow for Lemon Grove Mayor 2024		I.D. NUMBER 1466969

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Diego Union Tribune	OFC		84.00
Stripe, stripe.com	OFC		2.75
US Bank, [REDACTED]	OFC		39.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 125.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 305.68
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 305.68

NAME OF FILER Committee Against Recall of Mayor Alysson Snow		ID. NUMBER 1482932	
FORM	REFERENCE	NOTES	
CA 460	Cover - Section 6a	NAME OF BALLOT MEASURE Recall Alysson Snow	BALLOT NO. OR LETTER JURISDICTION CITY: Lemon Grove ☐ SUPPORT ☒ OPPOSE

Certificate Of Completion



Record Tracking



Signer Events	Signature	Timestamp
[Redacted]		

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
[Redacted]		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
[Redacted]		

Payment Events

Status

Timestamps

Joel Pablo

From: Alysson Snow [REDACTED]
Sent: Friday, July 31, 2026 11:53 PM
To: Joel Pablo
Subject: Form 460 Filing for Alysson Snow
Attachments: 2026.07.31_Form 460_Executed_Snow.pdf

Please find attached the Form 460 for the Committee to Elect Alysson Snow for Lemon Grove Mayor 2024.

Best!
Alysson