

**Statement of Organization
Recipient Committee**

Statement Type

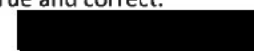
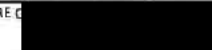
☐ Initial ☐ Not yet qualified or ☐ Date qualification threshold met ____/____/____	☒ Amendment Date qualification threshold met 8 / 27 / 25	☐ Termination – See Part 5 Date of termination ____/____/____
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Date Stamp Received OCT 13 2025 City Clerk 	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information		I.D. Number 1482932 (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Committee Against Recall of Mayor Alysson Snow				NAME OF TREASURER Max E Coston	
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] La Mesa CA [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE La Mesa CA [REDACTED]				EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] La Mesa, CA 91944				NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
COUNTY OF DOMICILE San Diego		JURISDICTION WHERE COMMITTEE IS ACTIVE Lemon Grove		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) Alysson Snow	
				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Lemon Grove [REDACTED]	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]	

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	Oct 06 2025	By	
	DATE		SIGNATURE OF TREASURER
Executed on	Oct 10 2025	By	
	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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COMMITTEE NAME Committee Against Recall of Mayor Alysson Snow	I.D. NUMBER 1482932
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- 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 Bank of San Francisco	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE [REDACTED]

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Alysson Snow	Mayor	N/A	Nonpartisan ✓	Partisan	(list political party below)
Committee to Elect Alysson Snow for Lemon Grove Mayor 2024	ID 1466969	2024	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	
Recall of Mayor Alysson Snow	Alysson Snow (Mayor of Lemon Grove)	SUPPORT	OPPOSE ✓
		SUPPORT	OPPOSE

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COMMITTEE NAME

Committee Against Recall of Mayor Alysson Snow

I.D. NUMBER

1482932

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, or ponent 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.

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