

**Statement of Organization
Recipient Committee**

1450372

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUL 22 2022

CALIFORNIA FORM 410
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08-09-22
CITY CLERK

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met 07 / 05 / 2022

Amendment
Date qualification threshold met _____

Termination - See Part 5
Date of termination _____

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Committee to Elect Alysson Snow for Lemon Grove City Council 2022				NAME OF TREASURER Alysson Snow				STREET ADDRESS (NO P.O. BOX) [REDACTED]					
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Lemon Grove				STATE CA		ZIP CODE 91945		AREA CODE/PHONE [REDACTED]	
CITY Lemon Grove		STATE CA		ZIP CODE 91945		NAME OF ASSISTANT TREASURER, IF ANY							
FULL MAILING ADDRESS (IF DIFFERENT) Same				STREET ADDRESS (NO P.O. BOX)									
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY		STATE		ZIP CODE		AREA CODE/PHONE			
COUNTY OF DOMICILE San Diego		JURISDICTION WHERE COMMITTEE IS ACTIVE Lemon Grove City		NAME OF PRINCIPAL OFFICER(S) Alysson Snow									
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Lemon Grove					
				STATE CA		ZIP CODE 91945		AREA CODE/PHONE [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 7/15/2022 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/15/2022 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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Committee to Elect Alysso Snow for Lemon Grove City Council 2022

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY San Diego	STATE ZIP CODE CA 92110

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		
Alysso Snow	Lemon Grove City Council	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below) Democrat
			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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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.