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Recipient Con				_	F	the office of the Secretary of St	FOF	VIVI
Statement Type	☑ Initial	[☐ Amendment		Termination - See Part 5	the office of the Secretary of St of the State of California		or Official Use Only
	Not yet qualified or						2020	SEP 15 PM 2:38
	O Date qualification th	reshold met	Date qualification threshold me	et	Date of termination	AUG 1 0 2020	REC	'D S.D. CO. ROV
							I ILO	D 0.0. 00. NOV
1. Committee		D. Number	r		2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE					NAME OF TREASURER			
Jerry Jones for Mayor 2020				William Baber				
					STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O	, BOX)				La Mesa	STATE	91942	AREA CODE/PHONE
CITY	STA	TE ZIP CO	DE AREA CODE/PHONE	0.	NAME OF ASSISTANT TREASURE		31342	
Lemon Grove	2100	919			The state of the s	(**C110000000000000000000000000000000000		
FULL MAILING ADDRESS	(IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
							- markey ry	
e-MAIL ADDRESS REQUII wrblaw@flash.n	Park Park China		4		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDIC	TION WHERE COM	MITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
San Diego	City	of Lemon Gr	ove					
					STREET ADDRESS (NO P.O. BOX)			
					CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach additions	al information on app	ropriately lai	beled continuation sheets.					
3. Verification	n		Mary Transfer					
I have used all re	easonable diligence in	n preparing t	his statement and to the b	est of	f my knowledge the informa	ation contained herein is true	and complet	te. I certify under
	ry under the laws of							
Executed on8-4	1-2020	Ву					0	
8-4	DATE 1-2020	_					9	Q Dns
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Executed on	DATE	_ Ву	SIGNATURE OF CO	ווחפדער	ING DEFICEHDINER CANDIDATE OR STATE	MEASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA **FORM**

COMMITTEE NAME	Page 2			
Jerry Jones for Mayor 2020	I.O. NOMBER			
 All committees must list the financial institution 	where the campaign bank account is located			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER	
Union Bank	619-667-3000	TBD		
ADDRESS	CĮTY	STATE	ZIP CODE	
3285 Lemon Grove Avenue	Lemon Grove	CA	91945	
 Type of Committee Complete the applic 	able sections.		A TOTAL STATE OF THE STATE OF T	
Controlled Committee		A CONTRACTOR OF THE PARTY OF TH		

Controlled Committee

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

- 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.

- The state of the	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK ONE			
Jerry Jones	Lemon Grove Mayor	2020	Nonpartisan	Partisan	(list political pa	rty below)
			Nonpartisan	Partisan	(list political pa	rty below)
Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	10,000		IRE(S) JURISDICTI	ON	CHEC	CONE
					SUPPORT	OPPOSE
					SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Jerry Jones for Mayor 2020 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ 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 STATE ZIP CODE AREA CODE/PHONE Small Contributor Committee

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;

Date qualified

- 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

5. Termination Requirements

- 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.