

Recipient Committee  
Campaign Statement  
Cover Page

Received  
Date Stamp  
FEB 02 2026  
City Clerk  
[REDACTED]

CALIFORNIA FORM 460  
Page 1 of 22  
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COVER PAGE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee	
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled	
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="checkbox"/> Sponsored	(Also Complete Part 6)	
<input type="checkbox"/> Small Contributor Committee	(Also Complete Part 7)	
<input type="checkbox"/> Political Party/Central Committee		

3. Committee Information

I.D. NUMBER 1482932

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

Committee Against Recall of Mayor Alysson Snow

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

La Mesa, CA 91942

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain Below)	

Treasurer(s)

NAME OF TREASURER

Max E. Coston

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

treasurer@sunrisepolitical.com

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 foregoing is true and correct.

Executed on 02/02/2026  
DATE  
Executed on 02/02/2026  
DATE  
Executed on \_\_\_\_\_  
DATE  
Executed on \_\_\_\_\_  
DATE

By Max E. Coston  
Signature of Treasurer or Assistant Treasurer  
By Alysson Snow  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

Mayor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

CITY

STATE

ZIP

**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

**\*\* SEE ATTACHED \*\***

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

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

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 PROPOSER

Alysson Snow

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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE



NAME OF FILER <b>Committee Against Recall of Mayor Alysson Snow</b>		I.D. NUMBER <b>1482932</b>
FORM	REFERENCE	NOTES
CA 460	Cover - Section 5	COMMITTEE NAME  Committee to Elect Alysson Snow for Lemon Grove Mayor 2024
		I.D. NUMBER  1466969
		NAME OF TREASURER  Alysson Snow
		CONTROLLED COMMITTEE?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS  [REDACTED]	STREET ADDRESS (NO P.O. BOX)	
CITY  Lemon Grove, CA 91945	STATE	ZIP CODE
		AREA CODE/PHONE

NAME OF FILER <b>Committee Against Recall of Mayor Alysson Snow</b>			I.D. NUMBER <b>1482932</b>	
FORM	REFERENCE	NOTES		
CA 460	Cover - Section 6a	NAME OF BALLOT MEASURE Recall Alysson Snow	BALLOT NO. OR LETTER	JURISDICTION CITY: Lemon Grove <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2025

through 12/31/2025

**SCHEDULE A**  
**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
11/11/2025	Eric Austin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor USD School of Law	200.00	200.00	
11/05/2025	Daniel Carnacho [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher San Diego Unified School District	100.00	100.00	
10/28/2025	Stacy Carlson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Palomar Scientific Instruments	500.00	500.00	
11/07/2025	Heather Ferbert [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Attorney City of San Diego	250.00	250.00	
11/06/2025	Cesar Fernandez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Sweetwater Union High School District	250.00	250.00	

**SUBTOTAL \$ 1,300.00**

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA FORM 460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
11/10/2025	Beth Haldane [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Navy Federal	250.00	250.00	
11/08/2025	Samuel Henderson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Legal Aid Society of San Diego	100.00	100.00	
10/21/2025	Lemon Grove Firefighters Association PAC Account [REDACTED] ID: 1312577	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
11/09/2025	Lorraine Lundquist [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Consultant South Coast Air Quality Management District	250.00	250.00	
11/07/2025	Margaret Mann [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	

**SUBTOTAL \$ 5,700.00**

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

1482932

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
10/16/2025	MCD Sales & Marketing LLC dba Great Western Tire [REDACTED] Resp. Officer Mark Pugh	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
11/06/2025	Monica Montgomery Steppe [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor County of San Diego	100.00	100.00	
11/08/2025	Tj Musser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Illumina	100.00	100.00	
12/04/2025	Colin Parent [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Circulate San Diego	250.00	250.00	
11/06/2025	Christopher Pearson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	

**SUBTOTAL \$ 1,950.00**

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**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA FORM 460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
11/09/2025	Cody Petterson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthropologist California State Board of Equalization	100.00	100.00	
11/06/2025	Mary Reeser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner San Diego Beach Cabanas	100.00	100.00	
11/08/2025	John Sepulvado [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Journalist Self Employed: No separate DBA	100.00	100.00	
11/10/2025	Cipriano Vargas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Organizing County of San Diego	100.00	100.00	
11/08/2025	Joe Villasenor [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Joe J Villasenor APC	100.00	100.00	

**SUBTOTAL \$ 500.00**

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**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

1482932

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC				

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ----- \$ 9,450.00
2. Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ 669.00
3. Total monetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- **TOTAL \$ 10,119.00**

\* Contributor Codes

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

### Document Details

**Title** Form 460 Year End\_ASNOW  
**File Name** form460\_\_2025.10.01-2025.12.31id1482932asnow.pdf  
**Document ID** cde22a2bc43e4d669863e40cef6c88e9  
**Fingerprint** 70c270965d6e65adbd10c8613589c8d2  
**Status** Completed

### Document History

<b>Document Created</b>	Document Created by Max Coston Fingerprint: 2d49f52f50f4ad8ee43d908bfb4adfc05	<b>Feb 02 2026</b> 08:02PM UTC
<b>Document Signed</b>	Document Signed by Max Coston IP: 70.183.110.190	<b>Feb 02 2026</b> 08:02PM UTC
<b>Document Sent</b>	Document Sent to Alysson Snow	<b>Feb 02 2026</b> 08:02PM UTC
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<b>Document Signed</b>	Document Signed by Alysson Snow IP: 172.56.234.8	<b>Feb 02 2026</b> 11:08PM UTC
<b>Document Completed</b>	This document has been completed. Fingerprint: 70c270965d6e65adbd10c8613589c8d2	<b>Feb 02 2026</b> 11:08PM UTC

**Schedule I**  
**Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

**CALIFORNIA**  
**FORM** **460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER  
**1482932**

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**Schedule I Summary**

1. Itemized increases to cash this period. ----- \$. 0.00
2. Unitemized increases to cash of under \$100 this period. ----- \$. 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$. 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ----- **TOTAL \$ 0.00**

**SUBTOTAL \$ 0.00**

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**Schedule H  
Loans Made to Others\***

Amounts may be rounded  
to whole dollars.

SCHEDULE H

**CALIFORNIA  
FORM 460**

**460**

Statement covers period  
from 10/01/2025

through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER:

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ \$ _____	_____ % RATE DATE DUE	\$ _____ \$ _____	CALENDAR YEAR \$ _____ PER ELECTION**

**SUBTOTALS** \$      \$      \$      \$

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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**Schedule G**  
**Payments Made by an Agent or Independent**  
**Contractor (on Behalf of This Committee)**

Amounts may be rounded  
 to whole dollars.

SCHEDULE G

**CALIFORNIA**  
**FORM** **460**

Statement covers period  
 from 10/01/2025  
 through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

NAME OF AGENT OR INDEPENDENT CONTRACTOR

I.D. NUMBER

**1482932**

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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

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

**TOTAL \* \$**

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)  
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**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F

**CALIFORNIA  
FORM 460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

**SCHEDULE F SUMMARY**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 6,127.08
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 12,000.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -5,872.92

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

**SUBTOTALS \$** 0.00 **\$** 0.00 **\$** 0.00 **\$** 0.00

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F

**CALIFORNIA FORM 460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Stradling Yocca Carlson & Rauth LLP [REDACTED]	PRO	28,895.91	0.00	12,000.00	16,895.91
Stradling Yocca Carlson & Rauth LLP [REDACTED]	PRO	0.00	5,265.69	0.00	5,265.69
Stradling Yocca Carlson & Rauth LLP [REDACTED]	PRO	0.00	861.39	0.00	861.39

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

**SUBTOTALS** \$ **28,895.91** \$ **6,127.08** \$ **12,000.00** \$ **23,022.99**

FPPC Form 460 (Jan/2016)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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
Sunrise Political Solutions [REDACTED]	PRO		Compliance Services	552.50

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	-----	\$ <u>14,716.87</u>
2. Unitemized payments made this period of under \$100	-----	\$ <u>130.47</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	-----	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	-----	<b>TOTAL \$ <u>14,847.34</u></b>

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

**SUBTOTAL \$ 552.50**

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**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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I.D. NUMBER  
**1482932**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
Stradling Yocca Carlson & Rauth LLP [REDACTED]	PRO			12,000.00
Sunrise Political Solutions [REDACTED]	PRO		Compliance Services	619.84
Sunrise Political Solutions [REDACTED]	PRO		Compliance Services	615.00
Sunrise Political Solutions [REDACTED]	PRO		Compliance Services	449.67
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				<b>SUBTOTAL \$ 13,684.51</b>

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

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[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

Statement covers period  
from 10/01/2025

through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER

**1482932**

**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

CNS campaign consultants

MTG meetings and appearances

CTB contribution (explain nonmonetary)\*

OFC office expenses

CVC civic donations

PET petition circulating

FIL candidate filing/ballot fees

PHO phone banks

FND fundraising events

POL polling and survey research

IND independent expenditure supporting/opposing others (explain)\*

POS postage, delivery and messenger services

LEG legal defense

PRO professional services (legal, accounting)

LIT campaign literature and mailings

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
El Cata Mariscos [REDACTED]	FND	11/07/25, Fundraising Event, ~20, including Officeholder	318.89
Integrated Solutions: Political [REDACTED]	CMP	Compliance Software	100.00
Numero, Inc. [REDACTED]	OFC		46.15
Numero, Inc. [REDACTED]	OFC		14.82

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

**SUBTOTAL \$ 479.86**

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures, and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

**CALIFORNIA FORM 460**

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NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER  
**1482932**

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary <input type="checkbox"/> Nonmonetary <input type="checkbox"/> Independent  <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary <input type="checkbox"/> Nonmonetary <input type="checkbox"/> Independent  <input type="checkbox"/> Support <input type="checkbox"/> Oppose				

**SCHEDULE D SUMMARY**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$ 0.00
2. Unitemized contributions and independent expenditures made this period of under \$100 ----- \$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$ 0.00**

**SUBTOTAL \$ 0.00**

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

**CALIFORNIA FORM 460**

**460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER  
**1482932**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ----- \$ 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$ 0.00
3. Total nonmonetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL \$ 0.00**

\* 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

**SUBTOTAL \$ 0.00**

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[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Schedule B - Part 2**  
**Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

**CALIFORNIA**  
**460**

Statement covers period  
from 10/01/2025  
through 12/31/2025

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I.D. NUMBER  
**1482932**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)	

<b>SUBTOTAL \$</b>	Enter on Summary Page. Line 17 only.
--------------------	---

**Schedule B - Part 1**  
**Loans Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

**460**

Statement covers period  
from 10/01/2025

through 12/31/2025

**CALIFORNIA**  
**FORM**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Committee Against Recall of Mayor Alysson Snow**

I.D. NUMBER  
**1482932**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ RATE DATE DUE	\$ _____ % DATE INCURRED	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION**
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ RATE DATE DUE	\$ _____ % DATE INCURRED	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION**

**Schedule B Summary**

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

NET \$ 0.00  
(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.