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Statement of Organization
Recipient Committee

Statement Type	Initial	Amendment	Termination - See Part 5
	Not yet qualified ☐ or ☐ Date qualification threshold met	Date qualification threshold met: 08/27/2025	Date of termination:

Date Stamp: **DIGITALLY RECEIVED AND FILED** in the office of the California Secretary of State **JUL 31 2026**

CALIFORNIA FORM **410**

For Official Use Only

1. Committee information

I.D. Number *(if applicable)* 1482932

NAME OF COMMITTEE

Committee Against Recall of Mayor Alysson Snow

STREET ADDRESS (NO P.O. BOX) [redacted]

CITY [redacted] STATE ZIP CODE AREA CODE/PHONE [redacted]

FULL MAILING ADDRESS (IF DIFFERENT) [redacted]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [redacted]

COUNTY OF DOMICILE: San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE: Lemon Grove

Attach additional information on appropriately labeled continuation sheets

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Max E. Coston

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [redacted]

EMAIL ADDRESS OF TREASURER (REQUIRED) [redacted] AREA CODE/PHONE [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

Brianna Coston

STREET ADDRESS (NO P.O BOX) CITY STATE ZIP CODE [redacted]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [redacted] AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Alysson Snow

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [redacted]

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [redacted] AREA CODE/PHONE

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 07/14/2026 By Max E. Coston [redacted]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/14/2026 By Alysson Snow [redacted]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee Against Recall of Mayor Alysson Snow

I.D. NUMBER
1482932

- **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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of San Francisco	[redacted]	[redacted]
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE / ZIP CODE
[redacted]	San Francisco, CA [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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Alysson Snow	Mayor JURISDICTION: Lemon Grove	1900	Nonpartisan [X]	Partisan [ ]	(list political party below)
			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 ON MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT [ ]	OPPOSE [ ]
		SUPPORT [ ]	OPPOSE [ ]

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INSTRUCTIONS ON REVERSE

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 proponent 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.

FORM	REFERENCE	NOTES
CA 410	Cover	

NAME OF FILER	I.D. NUMBER
Committee Against Recall of Mayor Alysson Snow	1482932

FORM	REFERENCE	NOTES	
CA 410	Cover - Additional Information	COMMITTEE NAME: Committee to Elect Alysson Snow for Lemon Grove Mayor 2024	I.D. NUMBER: 1466969
		COMMITTEE ADDRESS: [redacted]	STREET ADDRESS (NO P.O. BOX)
		CITY: [redacted]	STATE / ZIP CODE / AREA CODE/PHONE

Statement of Organization
Recipient Committee

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee Against Recall of Mayor Alysson Snow

I.D. NUMBER
1482932

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐
Recall Alysson Snow BALLOT LETTER OR NUMBER:	JURISDICTION: Lemon Grove	SUPPORT ☐	OPPOSE ☒
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

Joel Pablo

From: Thompson, Christine [redacted] on behalf of CampDoc, Sandiegorov [redacted]
Sent: Monday, August 17, 2026 12:29 PM
To: Joel Pablo
Cc: Flores, Jazmin
Subject: FW: County Copies Weekly Email
Attachments: Lemon Grove.pdf

Hello,

Attached are your weekly copies of filings from SOS.

Thank you,

Christine Thompson
Campaign Services
County of San Diego, Registrar of Voters
5600 Overland Avenue | Suite 100| San Diego, CA 92123
☎ [redacted] | ✉ [redacted]
Mail Stop: O-34 | Website: www.sdvote.com

From: County Copies PRD [redacted]
Sent: Friday, August 14, 2026 1:59 PM
To: CampDoc, Sandiegorov [redacted]; Thompson, Christine [redacted]
Subject: [External] County Copies Weekly Email

Hello,

Attached are your weekly copies of filings from the Political Reform Division.

Thank you,

AA
Political Reform Division
California Secretary of State
Phone: [redacted]

Email [redacted]

Shirley N. Weber, Ph.D.
California Secretary of State

www.sos.ca.gov