

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
or
 Date qualified as committee
08 / 21 / 2018

Amendment

Termination - See Part 5

Date qualified as committee _____
Date of termination _____

Date Stamp

CALIFORNIA 410
FORM RECEIVED
For Official Use Only
AUG 21 2018
CITY CLERK

1. Committee Information I.D. Number 1406456
(if applicable)

NAME OF COMMITTEE
Jerry Jones for City Council 2018

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
Lemon Grove CA 91945 _____
MAILING ADDRESS (IF DIFFERENT) _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
councilmanjones@gmail.com
COUNTY OF DOMICILE San Diego JURISDICTION WHERE COMMITTEE IS ACTIVE City of Lemon Grove

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jerrold L Jones

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
Lemon Grove CA 91945 _____
NAME OF ASSISTANT TREASURER, IF ANY _____
STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
NAME OF PRINCIPAL OFFICER(S) _____
STREET ADDRESS (NO P.O. BOX) _____

Attach additional information on appropriately labeled continuation sheets.

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

Executed on 8/21/2018
Executed on 8/21/2018
Executed on _____
Executed on _____

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1406456

COMMITTEE NAME

Jerry Jones for City Council 2018

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	CITY	STATE	ZIP CODE
Union Bank	619-667-3000	0100455269	Lemon Grove	CA	91945

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	CHECK ONE		PARTY
			Nonpartisan	Partisan	(list political party below)
Jerry Jones	Lemon Grove City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>