

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified

or
 Date qualified as committee

Amendment

Termination - See Part 5

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date of termination

**CALIFORNIA 410
FORM**

For Official Use Only

AUG 15 2018
RECEIVED

AUG 02 2018

CITY CLERK

RECEIVED

AUG 21 2018

1406456
CITY CLERK

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE

Jerry Jones for City Council 2018

NAME OF TREASURER

Jerrold L. Jones

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

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]

MAILING ADDRESS (IF DIFFERENT)

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Lemon Grove

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

councilmanjones@gmail.com

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

[REDACTED]

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Lemon Grove

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 State of California that the information is true and correct.

Executed on _____ BY _____

8/2/2018

Executed on _____ BY _____

8/2/2018

Executed on _____ BY _____

DATE

Executed on _____ BY _____

DATE

NAME OF TREASURER OR ASSISTANT TREASURER

[REDACTED]

NAME OF OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

[REDACTED]

NAME OF OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

[REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

[REDACTED]

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

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
ADDRESS	CITY	STATE
		ZIP CODE

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