

**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

Date Stamp

**RECEIVED**

AUG 02 2018

CITY CLERK

**1. Committee Information**

NAME OF COMMITTEE

Jerry Jones for City Council 2018

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

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Jerrold L Jones

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

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

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 provided is true and correct.

Executed on \_\_\_\_\_ By \_\_\_\_\_

8/2/2018

DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_

8/2/2018

DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

TREASURER OR ASSISTANT TREASURER

OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

### 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"/>