

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp  
Received 9/16/2020 at  
5:10 p.m. hand  
delivered SC

**CALIFORNIA  
FORM 410**  
For Official Use Only

I.D. Number (if applicable) <b>1430084</b>	
NAME OF COMMITTEE <b>Christopher Williams For Lemon Grove Mayor 2020</b>	NAME OF TREASURER <b>Neil Santos</b>
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE <b>Lemon Grove CA 91945 [REDACTED]</b>	CITY STATE ZIP CODE AREA CODE/PHONE <b>San Diego CA 92139 [REDACTED]</b>
FULL MAILING ADDRESS (IF DIFFERENT)	NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	STREET ADDRESS (NO P.O. BOX)
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE <b>San Diego Lemon Grove</b>	CITY STATE ZIP CODE AREA CODE/PHONE
<b>Attach additional information on appropriately labeled continuation sheets.</b>	NAME OF PRINCIPAL OFFICER(S)
	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE

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 9-10-2020 By [REDACTED]  
 Executed on 09/10/20 By [REDACTED]  
 Executed on 09/10/20 By [REDACTED]  
 Executed on 09/10/20 By [REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Advice:

FPPC Form 410 (August/2018)  
(866/275-3772)

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COMMITTEE NAME <i>Christopher Williams for Lemon Grove Mayor 2020</i>			I.D. NUMBER <i>143 0084</i>	
<ul style="list-style-type: none"> <li>All committees must list the financial institution where the campaign bank account is located.</li> </ul>				
NAME OF FINANCIAL INSTITUTION <i>Union Bank</i>		AREA CODE/PHONE <i>619-667-3000</i>	BANK ACCOUNT NUMBER <del>Pending</del> <i>0023274095</i>	
ADDRESS <i>3285 Lemon Grove Ave</i>		CITY <i>Lemon Grove</i>	STATE <i>CA</i>	ZIP CODE <i>91945</i>

**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		
			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 OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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COMMITTEE NAME

Christopher Williams for Lemon Grove Mayor 2020

**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 this verification, the treasurer, assistant treasurer and/or candidate, officeholder, or parent 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.