

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" 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
_____ / _____ / _____	_____ / _____ / _____	01 / 19 / 2024

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILED in the office of the Secretary of State of the State of California	For Official Use Only JAN 29 2024 City Clerk
JAN 22 2024	

1. Committee Information	I.D. Number 1450372 <small>(if applicable)</small>	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Committee to Elect Alysson Snow for Lemon Grove City Council 2022		NAME OF TREASURER Alysson Snow
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
CITY STATE ZIP CODE AREA CODE/PHONE		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)
		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) 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 information provided is true and complete.

Executed on 01/19/2024 By _____ TREASURER

Executed on 01/19/2024 By _____ 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