

**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	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	_____ / _____ / _____	_____ / _____ / _____

RECEIVED

SEP 30 2020

CITY CLERK

Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California SEP 14 2020	CALIFORNIA FORM 410 For Official Use Only REC'D S.D. CO. ROV
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I.D. Number (if applicable) 1430084	
NAME OF COMMITTEE Chris Williams for Lemon Grove Mayor 2020	NAME OF TREASURER Neil Santos
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE Lemon Grove CA 91945 [REDACTED]	CITY STATE ZIP CODE AREA CODE/PHONE San Diego CA 92139 [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)	NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) info@chriswilliamsformayor.com	STREET ADDRESS (NO P.O. BOX)
COUNTY OF DOMICILE San Diego	JURISDICTION WHERE COMMITTEE IS ACTIVE Lemon Grove
Attach additional information on appropriately labeled continuation sheets.	NAME OF PRINCIPAL OFFICER(S) Christopher Williams
	STREET ADDRESS (NO P.O. BOX) 8260 Broadway [REDACTED]
	CITY STATE ZIP CODE AREA CODE/PHONE Lemon Grove CA 91945 619

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 foregoing is true and correct.

Executed on Aug 27, 2020 By _____
 Executed on Aug 27, 2020 By _____
 Executed on Aug 27, 2020 By _____
 Executed on Aug 27, 2020 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Advice:

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

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I.D. NUMBER

COMMITTEE NAME
Christopher Williams for Lemon Grove Mayor 2020

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

NAME OF FINANCIAL INSTITUTION <i>Bank of America</i>	AREA CODE/PHONE <i>619-644-2133</i>	BANK ACCOUNT NUMBER <i>Pending</i>
ADDRESS <i>3099 Lemon Grove Ave</i>	CITY <i>Lemon Grove</i>	STATE <i>CA</i>
		ZIP CODE <i>91945</i>

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	PARTY CHECK ONE		
<i>Christopher Williams</i>	<i>Lemon Grove Mayor</i>	<i>2020</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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
		SUPPORT	OPPOSE

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I.D. NUMBER

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 the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.