

Garden Grove

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CITY OF GARDEN GROVE  
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### Statement of Organization Recipient Committee

Statement Type  Initial

Not yet qualified  
or

Date qualified as committee

Amendment

Date qualified as committee

Termination - See Part 5

Date of termination

**CALIFORNIA FORM 410**  
For Official Use Only

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**AUG 02 2018**

**AUG 13 2018**

### 1. Committee Information

NAME OF COMMITTEE  
Friends of Steve Jones for Mayor 2018

I.D. Number (if applicable) 1390116

### 2. Treasurer and Other Principals Officers

NAME OF TREASURER  
Steve Jones

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY  
Garden Grove

STATE  
CA

ZIP CODE  
92841

AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
Adrienne Henderson

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY  
Garden Grove

STATE  
CA

ZIP CODE  
92841

AREA CODE/PHONE  
[REDACTED]

### 3. Verification

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
jones4gg@gmail.com

COUNTY OF DOMICILE  
Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Garden 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 foregoing is true and correct.

Executed on 7/30/18 BY Steve Jones

Executed on 7/30/18 BY Steve Jones

Executed on \_\_\_\_\_ BY \_\_\_\_\_

Executed on \_\_\_\_\_ BY \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Friends of Steve Jones for Mayor 2018

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

NAME OF FINANCIAL INSTITUTION Farmers & Merchants Bank	AREA CODE/PHONE (714) 590-3880	BANK ACCOUNT NUMBER
ADDRESS 10422 Garden Grove Boulevard	CITY Garden Grove	STATE CA
	ZIP CODE 92841	

**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	
Steve Jones	Mayor	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"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Friends of Steve Jones for Mayor 2018

**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
- Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Mayor Campaign Committee

**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 proponent 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.

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