

**Statement of Organization
Recipient Committee**

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CITY
OF CHINO

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
9 / 20 / 2020

Amendment
 Date qualification threshold met
 _____/_____/_____

Termination – See Part 5
 Date of termination
 _____/_____/_____

SEP 24 2020

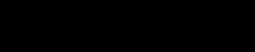
City Clerk,

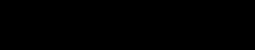
Deputy City Clerk,

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Brandy Jones for City Council, District 4, 2020				NAME OF TREASURER Brandy Jones (candidate)				NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX) 8828 Bay Leaf Street				STREET ADDRESS (NO P.O. BOX) 8828 Bay Leaf Street				STREET ADDRESS (NO P.O. BOX)			
CITY Chino		STATE CA	ZIP CODE 91708	CITY Chino		STATE CA	ZIP CODE 91708	AREA CODE/PHONE 909-315-8247		AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT) N/A				NAME OF ASSISTANT TREASURER, IF ANY				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) BrandyJones4Chino@gmail.com				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE San Bernardino		JURISDICTION WHERE COMMITTEE IS ACTIVE Chino		CITY				CITY			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				NAME OF PRINCIPAL OFFICER(S)				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
				CITY				CITY			

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 9/24/2020 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/24/2020 By  NATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR 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

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COMMITTEE NAME Brandy Jones for City Council, District 4, 2020				I.D. NUMBER	
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 					
NAME OF FINANCIAL INSTITUTION U.S. Bank		AREA CODE/PHONE 909-628-1371	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS 6989 Schaefer Avenue	CITY Chino	STATE CA	ZIP CODE 91710		
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		
Brandy Jones	Chino City Council Member, District 4	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

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.