

04

1369247

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: _____
 # _____ # _____
 Date qualified as committee: 7 / 14 / 2014 Date qualified as committee (if applicable): _____ Date of Termination: _____

Date Stamp
FILED
 in the office of the Secretary of State of the State of California
 AUG 06 2014

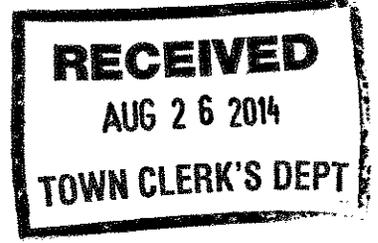
CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE: Jody Jones for Town Council 2014
 STREET ADDRESS (NO P.O. BOX): 1651 Lighty Lane Paradise, CA 95969
 CITY: Paradise STATE: CA ZIP CODE: 95969 AREA CODE/PHONE: 530 877-1188
 MAILING ADDRESS (IF DIFFERENT): _____
 FAX / E-MAIL ADDRESS: jody@jodyjones.org
 COUNTY OF DOMICILE: Butte JURISDICTION WHERE COMMITTEE IS ACTIVE: Town of Paradise

2. Treasurer and Other Principals

NAME OF TREASURER: Same
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____
 NAME OF ASSISTANT TREASURER, IF ANY: none
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____
 NAME OF PRINCIPAL OFFICER(S): none
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____



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 7/20/14 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 7/20/14 By [Signature] SIGNATURE 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Jody Jones for Town Council 2014

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 530 876-7701	BANK ACCOUNT NUMBER 325028686851	
ADDRESS 6295 Skyway	CITY Paradise	STATE CA	ZIP CODE 95969

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."
- 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
Jody Jones	Paradise Town Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>