

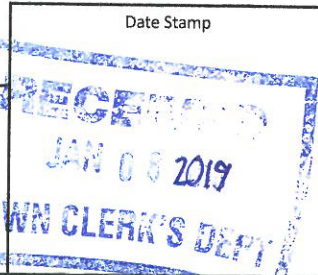
**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/____

Termination - See Part 5
 Date of termination 12/31/18



CALIFORNIA FORM 410
For Official Use Only

I.D. Number (if applicable) 1410897

NAME OF COMMITTEE: Jody Jones for Town Council 2018

STREET ADDRESS (NO P.O. BOX): 1651 Lighty Ln

CITY: Paradise STATE: CA ZIP CODE: 95969 AREA CODE/PHONE: 530-518-8002

FULL MAILING ADDRESS (IF DIFFERENT): [REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): jodymom@hotmail.com

COUNTY OF DOMICILE: Chico JURISDICTION WHERE COMMITTEE IS ACTIVE: Paradise

Burned Down 11/9/18 new address

NAME OF TREASURER: Jody Jones

STREET ADDRESS (NO P.O. BOX): 285 Silver Lake Dr

CITY: Chico STATE: CA ZIP CODE: 95973 AREA CODE/PHONE: 530 518-8002

NAME OF ASSISTANT TREASURER, IF ANY: None

STREET ADDRESS (NO P.O. BOX): _____

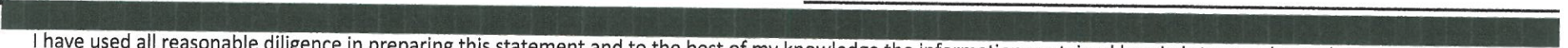
CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

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.



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 12/31/19 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/3/19 By [REDACTED] 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

Page 2
I.D. NUMBER
1410897

COMMITTEE NAME
Jody Jones for Town Council 2018

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

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE	BANK ACCOUNT NUMBER 337280508
ADDRESS P.O. Box 6010 Santa Maria	CITY	STATE CA
		ZIP CODE 93456-6010

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		(list political party below)
			Nonpartisan	Partisan	
Jody Jones	Paradise Town Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<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.	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"/>