Statement of Organization
Recipient Committee

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only

Statement Type ☐ Initial ☐ Amendment ☒ Termination - See Part 5

Not yet qualified ☐ or

☒ Date qualification threshold met

Date qualification threshold met: —

Date of termination: 2024-11-20

1. Committee information

I.D. Number (if applicable): 1469084

NAME OF COMMITTEE

Stop the Developer Recall of Councilmembers Jones and Begonia

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

Los Banos, CA 93635

FULL MAILING ADDRESS (IF

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE: Merced

JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Los Banos

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jason Scalese

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

Cameron Park, CA 95682

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Brett Jones

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

os Banos, CA 93635

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | 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 _____ By JASON SCALESE Digitally signed by JASON SCALESE Date: 2024.11.23 09:48:03 -08'00'

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By BRETT JONES

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

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CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Stop the Developer Recall of Councilmembers Jones and Begonia

I. D. NUMBER

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Tri Counties Bank		

ADDRESS OF FINANCIAL INSTITUTION: Folsom, CA 95630 (CITY / STATE / ZIP CODE)

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		
Brett Jones	City Council Member DISTRICT NO.: 3	2024	Nonpartisan [X]	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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Stop the Developer Recall of Councilmembers Jones and Begonia

I. D. NUMBER

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 OF AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

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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CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Stop the Developer Recall of Councilmembers Jones and Begonia

I. D. NUMBER

4. Type of Committee Complete the applicable sections.

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 ☐
		SUPPORT ☐	OPPOSE ☐
RECALL OF: Brett Jones	JURISDICTION: City of Los Banos DISTRICT #: 3 City Council Member	SUPPORT ☐	OPPOSE ☒
RECALL OF: Doug Begonia	JURISDICTION: City of Los Banos DISTRICT #: 2 City Council Member	SUPPORT ☐	OPPOSE ☒
		SUPPORT ☐	OPPOSE ☐

410terminationlosbanos-1

Final Audit Report 2024-11-23

Created:	2024-11-23
By:	Brett Jones (brett@graystonepm.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvfK4eQz0U-JOTqdK69U2fr5sbfT_8jTA

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Document digitally presigned by JASON SCALESE (scalese.jason@gmail.com)
2024-11-23 - 5:48:03 PM GMT

Document created by Brett Jones (brett@graystonepm.com)
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Document emailed to Brett Jones (b_jones82@yahoo.com) for signature
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Email viewed by Brett Jones (b_jones82@yahoo.com)
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Signer Brett Jones (b_jones82@yahoo.com) entered name at signing as BRETT JONES
2024-11-23 - 8:42:12 PM GMT

Document e-signed by BRETT JONES (b_jones82@yahoo.com)
Signature Date: 2024-11-23 - 8:42:14 PM GMT - Time Source: server

Agreement completed.
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