

**Officeholder and Candidate Campaign Statement - Short Form**

Date Stamp	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
Date of election if applicable: (Month, Day, Year)	<b>RECEIVED</b> SEP 25 2018 CITY CLERK
<input type="checkbox"/> Amendment (Explain Below)	
11-06-2018	

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: TERESA ROSIAK

CITY: [REDACTED] STATE: CA. ZIP CODE: 91945

CITY: Lemon Grove STATE: CA. ZIP CODE: 91945

OPTIONAL: FAX / E-MAIL ADDRESS: [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Lemon Grove City Council

JURISDICTION (LOCATION): Lemon Grove

DISTRICT NUMBER (IF APPLICABLE):

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Teresa Rosiak for Lemon Grove City Council 2018 #1409311</u>	<u>[REDACTED]</u> <u>Lemon Grove CA. 91945</u>	<u>Patricia Dabeck</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/24/2018 DATE

By [REDACTED]

[Clear Form](#) [Print Form](#)