

**Statement of Organization
Recipient Committee**

1422743

Statement Type

Initial
Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met

Termination - See Part 5
Date of termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State of California
NOV 20 2013

CALIFORNIA 410 FORM
For Official Use Only
RECEIVED
DEC 2 2019
CITY CLERK

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
Lemon Grove Neighbors Against the Lifetime Tax

2. Treasurer and Other Principal Officers

NAME OF THE ASSURER
Mary England

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 988, Lemon Grove, CA 91946

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE
San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Lemon Grove

NAME OF PRINCIPAL OFFICER(S)
Mary England

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

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 11/18/19 By [REDACTED]

Executed on 11/18/19 By [REDACTED]

Executed on 11/18/19 By [REDACTED]

Executed on _____ By _____

DATE DATE DATE DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Lemon Grove Neighbors Against the Lifetime Tax

ID NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CDDI/PRIORI	BANK ACCOUNT NUMBER
TBD		
ADDRESS	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		
				Nonpartisan	Partisan	
				<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			Nonpartisan	<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			Nonpartisan	<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			Partisan	<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			Partisan	<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)

Lemo \ Grove Sales Tax March 2020

City of Lemon Grove, CA

CHECK ONE		
SUPPORT	<input type="checkbox"/>	OPPOSE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Statement of Organization
Recipient: Committee**

INSTRUCTIONS (ON REVERSE)

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Lemon Grove's Neighbors Against the Lifetime Tax

Page 3

ID 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 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 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.

