

**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 / 28 / 2022

Date Stamp

RECEIVED AND FILED
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FEB 02 2023

CALIFORNIA FORM 410
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FEB 21 2023
CITY CLERK

1. Committee Information		I.D. Number 1449935		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		STEPHANIE KLEIN FOR LEMON GROVE CITY COUNCIL 2022 FPPC ¹⁴⁴⁹⁹³⁵ 1409935		NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX)		[REDACTED]		ERICA LYNN DIETRICH			
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		N/A		NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		[REDACTED]		JULIET DEAMICIS			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		[REDACTED]		[REDACTED]			
[REDACTED]		[REDACTED]		NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]		[REDACTED]		STEPHANIE KLEIN			
[REDACTED]		[REDACTED]		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		[REDACTED]		[REDACTED]			
[REDACTED]		[REDACTED]		CITY			
[REDACTED]		[REDACTED]		STATE		ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]		AREA CODE/PHONE	
[REDACTED]		[REDACTED]		[REDACTED]		[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 1/19/23 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/19/2023 By [REDACTED]
DATE SIGNATURE OF CONTROLLER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME STEPHANIE KLEIN FOR LEMON GROVE CITY COUNCIL 2022 FPPC 140935 1449935	I.D. NUMBER 140935 1449935
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER 5726733305
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ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
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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		
STEPHANIE KLEIN	LEMON GROVE CITY COUNCIL DISTRICT 4	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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
		SUPPORT	OPPOSE

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COMMITTEE NAME

STEPHANIE KLEIN FOR LEMON GROVE CITY COUNCIL 2022 FPPC ~~149935~~ 1449935

I.D. NUMBER

~~149935~~ 1449935

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

CAMPAIGNING FOR LOCAL CITY COMMITTEE POLITICAL PURPOSES

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 ponent 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.