

**Recipient Committee  
Campaign Statement  
Cover Page**

*Amended page 1 only*

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
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Statement covers period  
from 7/1/2020  
through 9/19/2020

Date of election if applicable:  
(Month, Day, Year)  
11/3/2020

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
  - Semi-annual Statement
  - Termination Statement  
(Also file a Form 410 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
- SEP 28 2020 PM02:58

**Committee Information**

I.D. NUMBER  
1430123

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Terese Roside for Lemon Grove City Council 2020

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY Lemon Grove STATE CA ZIP CODE 91945 AREA CODE/PHONE [REDACTED]  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
PATRICIA PERSON  
MAILING ADDRESS [REDACTED]  
CITY Lemon Grove STATE CA ZIP CODE 91945 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 9/25/2020  
Date  
Executed on 9/25/2020  
Date  
Executed on 9/25/2020  
Date  
Executed on 9/25/2020  
Date

By [REDACTED]  
By [REDACTED]  
By [REDACTED]  
By [REDACTED]

Signature of Controlling Officer/Candidate, State Measure Proponent