

**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

June 16, 2020

Date Stamp

RECEIVED

JUL 16 2020

CITY CLERK

**CALIFORNIA
FORM 410**

For Official Use Only

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE

Liana LeBaron for Lemon Grove City Council

I.D. Number

8/7/20 (L)
Liana LeBaron for City Council 2020

NAME OF TREASURER

Liana LeBaron

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Lemon Grove

COUNTY OF DOMICILE

San Diego

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

Executed on July 16, 2020 By [REDACTED]

Executed on July 16, 2020 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

TREASURER OR ASSISTANT TREASURER

HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME 8/7/20 (LL) Liana LeBaron for Lemmon Grove City Council Liana LeBaron for City Council 2020
I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION _____ BANK ACCOUNT NUMBER _____
AREA CODE/PHONE _____ CITY _____ STATE _____ ZIP CODE _____
ADDRESS _____

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	(list political party below)
Liana LeBaron	Lemon Grove City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			Nonpartisan	Partisan

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