

1423817

Statement of Organization Recipient Committee

Statement Type

Initial [X] Amendment [] Termination - See Part 5 []
Not yet qualified or Date qualification threshold met [X]
Date qualification threshold met []
Date of termination []

California Form 410 RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 07 2020 REC'D S.D. CO. ROY RECEIVED JAN 21 2020

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE: Save Lemon Grove - Yes on S
STREET ADDRESS (NO P.O. BOX): [redacted]
CITY: Lemon Grove STATE: CA ZIP CODE: 91945
PO Box 380 Lemon Grove, CA 91945
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): [redacted] / campaigns@rcbs.us
COUNTY OF DOMICILE: San Diego JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Lemon Grove

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Denise Lewis
STREET ADDRESS (NO P.O. BOX): [redacted]
CITY: Sacramento STATE: CA ZIP CODE: 95841
NAME OF ASSISTANT TREASURER, IF ANY: [redacted]
STREET ADDRESS (NO P.O. BOX): [redacted]
CITY: [redacted] STATE: [redacted] ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]
NAME OF PRINCIPAL OFFICER(S): Yadira Altamirano
STREET ADDRESS (NO P.O. BOX): [redacted]
CITY: Lemon Grove STATE: CA ZIP CODE: 91945 AREA CODE/PHONE: [redacted]

JAN 21 2020 CITY CLERK

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 1/3/2020 By [redacted] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on [redacted] By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [redacted] By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [redacted] By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Save Lemon Grove - Yes on S

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION First Foundation Bank	AREA CODE/PHONE (916) 724-2424	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 2233 Douglas Blvd Suite 300	CITY Roseville	STATE ZIP CODE CA 95661

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	
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (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
Proposed three-quarter (3/4) cent transactions and use tax (Sales Tax) for the City of Lemon Grove : S	City of Lemon Grove	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Save Lemon Grove - Yes on S

I.D. 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.