

**Statement of Organization
Recipient Committee**

R37
L37

1473756

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 the State of California
AUG 22 2024

CALIFORNIA FORM 410
 For Official Use Only
 R2024M

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Jessyka Heredia 4 Council 2024				NAME OF TREASURER Jessica Heredia				
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
CITY				EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]				
STATE				NAME OF ASSISTANT TREASURER, IF ANY N/A				
ZIP CODE				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
AREA CODE/PHONE				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]				
FULL MAILING ADDRESS (IF DIFFERENT) Same As Above				NAME OF PRINCIPAL OFFICER(S) jessica Heredia				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [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 8/19/2024 By [REDACTED] _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/19/2024 By [REDACTED] _____
DATE SIGNATURE OF OFFICEHOLDER, 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Jessyka Heredia 4 Council 2024	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wells Fargo Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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		
Jessica "Jessyka" Heredia	Lemon Grove City Council	2024	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	
N/A		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Jessyka Heredia 4 Council 2024

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

Running for Lemon Grove City Council

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

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, orponent 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.