

**Statement of Organization
Recipient Committee**

Date Stamp
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CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment

Date qualification threshold met
11 / 26 / 19

Termination - See Part 5
Date of termination

1. Committee Information I.D. Number (if applicable) **1422743** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
No on S, Lemon Grove Neighbors Against the Lifetime Tax

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED] La Mesa, CA 91942 | [REDACTED] Lemon Grove CA, 91946

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Mary@MaryEnglandPR.Com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego City of Lemon Grove

NAME OF TREASURER
Mary England

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
William Baber

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
La Mesa CA 91942 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Mary England

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [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 12-13-19 By [REDACTED] ASSISTANT TREASURER

Executed on 12-13-19 By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1422743

COMMITTEE NAME
No on S, Lemon Grove Neighbors Against the Lifetime Tax

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE (619) 667-3000	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 3285 Lemon Grove Avenue	CITY Lemon Grove	STATE CA
		ZIP CODE 91945

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)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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 3/4 cent transactions and use tax (Sales Tax) for the City of Lemon Grove	City of Lemon Grove California	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>