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CALIFORNIA FORM 410

For Official Use Only

Received 10/12/2020
via email SC

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

I.D. Number <i>(if applicable)</i>		NAME OF TREASURER			
NAME OF COMMITTEE David Arambula for Lemon Grove City Council 2020		David Arambula			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE		
Lemon Grove	CA	91945	[REDACTED]		
NAME OF ASSISTANT TREASURER, IF ANY		N/A			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY			
mr_arambula@msn.com		STATE			
COUNTY OF DOMICILE		ZIP CODE			
San Diego		AREA CODE/PHONE			
JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
Lemon Grove, San Diego County		N/A			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
[REDACTED]		[REDACTED]			
CITY		STATE			
[REDACTED]		ZIP CODE			
[REDACTED]		AREA CODE/PHONE			
[REDACTED]		[REDACTED]			

Attach additional information on appropriately labeled continuation sheets.

Verification

I have used all reasonable diligence in preparation of this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

I certify under

Executed on 09/08/2020

By

Executed on 09/08/2020

By

Executed on

By

Executed on

By

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

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

FIG. NUMBER

COMMITTEE NAME
David Arambula for Lemon Grove City Council 2020

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE 619-667-3013	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 3285 Lemon Grove Avenue	CITY Lemon Grove	STATE ZIP CODE CA 91945

4. Type of Committee
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
David Arambula	City Council, City of Lemon Grove	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	Democrat
			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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME

David Arambula for Lemon Grove City Council 2020

4. Type of committee

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

City Council, City of Lemon Grove

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 paid

5. Termination Requirements

- 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.