

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

01 / 11 / 2020

Termination - See Part 2

Date of termination

_____ / _____ / _____

1. Committee Information

I.D. Number
(if applicable)

1423817

NAME OF COMMITTEE

Save Lemon Grove - Yes on S

STREET ADDRESS (NO P.O. BOX)

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

PO Box 380 Lemon Grove, CA 91945

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

_____ / 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)

CITY

Sacramento

STATE

CA

ZIP CODE

95841

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

George Gastil

STREET ADDRESS (NO P.O. BOX)

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

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 1/16/2020 By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____

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

CALIFORNIA 410
FORM

For Official Use Only

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

JAN 21 2020

REC'D S.D. CO. ROV

RECEIVED

FEB 11 2020

CITY CLERK

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Save Lemon Grove - Yes on S

I.D. NUMBER

1423817

- 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

Roseville

CITY

STATE

CA

ZIP CODE

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 CHECK ONE	(list political party below)
			Nonpartisan	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)

Proposed three-quarter (3/4) cent transactions and use tax (Sales Tax) for the City of Lemon Grove : S

City of Lemon Grove

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

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INSTRUCTIONS ON REVERSE

CALIFORNIA 410
FORM

Page 3 of 3

COMMITTEE NAME

Save Lemon Grove - Yes on S

I.D. NUMBER

1423817

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.