

1411558

SEP 30 Aug 2018

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In the office of the Secretary of State  
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CALIFORNIA 410  
FORM

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SEP 14 2018  
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In the office of the Secretary of State  
of the State of California

AUG 23 2018

**Statement of Organization  
Recipient Committee**

Statement Type  Initial

Not yet qualified  
or

Date qualified as committee

Amendment

Termination - See Part 5

Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_

**1. Committee Information**

I.D. Number  
(if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Kameal Martin for Lemon Grove City Council  
2018

NAME OF TREASURER  
Lakisha McZeal

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY  
San Diego CA 92113  
STATE ZIP CODE  
CA 92113  
MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY  
San Diego CA 92113  
STATE ZIP CODE  
CA 92113  
NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
lmczeal198@gmail.com  
COUNTY OF DOMICILE  
San Diego  
JURISDICTION WHERE COMMITTEE IS ACTIVE  
Lemon Grove

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]  
CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]  
NAME OF PRINCIPAL OFFICER(S)  
Kameal Martin  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]  
CITY STATE ZIP CODE AREA CODE/PHONE  
Lemon Grove CA 91945

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 8/17/18 BY [REDACTED] PROPONENT  
Executed on 8/17/18 BY [REDACTED] PROPONENT  
Executed on \_\_\_\_\_ BY \_\_\_\_\_ PROPONENT  
Executed on \_\_\_\_\_ BY \_\_\_\_\_ PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

*Kamaal Martin for Lemon Grove City Council 2018*

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

**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

CHECK ONE

PARTY

*Kamaal Martin*

*Lemon Grove City Council 2018*

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

SUPPORT  OPPOSE