


Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/6/2018	<input checked="" type="checkbox"/> Amendment (Explain Below) Rec'd more than 2000. 010/29/2018	Date Stamp
		OCT 31 2018 CITY CLERK

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Fraessa Rosiak

STREET ADDRESS: [REDACTED]

CITY: Lenon Grove STATE: Ca. ZIP CODE: 91945

AREA CODE/DAYTIME PHONE NUMBER: [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS: _____

OFFICE SOUGHT OR HELD: Lenon Grove City Council member

JURISDICTION (LOCATION): Lenon Grove San Diego DISTRICT NUMBER (IF APPLICABLE): _____

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Fraessa Rosiak for Lenon Grove City Council 2018 #1409311</u>	[REDACTED] <u>Lenon Grove Ca. 91945</u>	<u>Patriciaa Dolbeck</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 10/31/2018 DATE By _____

[Clear Form](#) [Print Form](#)

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

<input checked="" type="checkbox"/> Amendment (Explain Below) <i>Rec'd more than</i> <u>2000.00 10/29/2018</u>
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Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

00121 2018 PM04:05

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Teresa Rosiak

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

Lemon Grove Ca 91945

619-991-1004

teresa.rosiak2018@gmail.com

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

Lemon Grove City Council member

DATE OF ELECTION (MONTH, DAY, YEAR)

11/6/2018

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)

10/29/2018

Clear Form

Print Form