

1405051

Statement of Organization Recipient Committee

Statement Type Initial

Not yet qualified or Date qualified as committee

Amendment

Termination - See Part 2

Date qualified as committee _____ / _____ / _____ Date of termination _____ / _____ / _____

Date Stamp

CALIFORNIA FORM 410

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

APR 16 2018 2018 MAY 16 AM 9:19

REC'D S.D. CO. ROV

2. Treasurer and Other Principal Officers

RECEIVED

NAME OF TREASURER

Jennifer Mendoza

MAY 21 2018

STREET ADDRESS (NO P.O. BOX)

CITY CLERK

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE

STATE ZIP CODE

CA 91945

AREA CODE/PHONE

Lemon Grove

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

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

jennifermendoza@gmail.com

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Diego

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

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 4/11/18 By _____

DATE

By

MEASURER

Executed on 4/11/18 By _____

DATE

By

STATE MEASURE PROponent

Executed on _____ By _____

DATE

By

STATE MEASURE PROponent

Executed on _____ By _____

DATE

By

STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Jennifer Mendoza for City Council, 2018

- 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 0071120901
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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Jennifer L. Mendoza	Lemon Grove City Councilmember	2018	<input checked="" 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.	CHECK ONE	
	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>