

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	1, 31, 2019

Date Stamp	CALIFORNIA FORM 410
RECEIVED	
FEB 26 2019	
CITY CLERK	For Official Use Only

1. Committee Information	I.D. Number (if applicable) 140 9311	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Teresa Rosiak for Lemon Grove City Council 2018

CITY *R* STATE _____

FULL MAILING ADDRESS (IF DIFFERENT)
teresa.rosiak2018@gmail.com

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
teresa.rosiak2018@gmail.com

COUNTY OF DOMICILE *San Diego* JURISDICTION WHERE COMMITTEE IS ACTIVE *Lemon Gr*

NAME OF TREASURER
Patricia Dolbeck

STREET ADDRESS (NO P.O. BOX) _____

CITY _____

NAME OF ASSISTANT TREASURER, IF ANY
NONE

STREET ADDRESS (NO P.O. BOX) _____

CITY _____

NAME OF PRINCIPAL OFFICER(S) _____

STREET ADDRESS (NO P.O. BOX) _____

CITY *El Cajon* STATE _____ ZIP CODE *92020* AR _____

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 2/1/2019 By _____

Executed on 2/1/2019 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Teresa Rosiak for Lemon Grove City Council 2018
I.D. NUMBER: 1409311

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

NAME OF FINANCIAL INSTITUTION <u>Bank of America</u>	AREA CODE/PHONE <u>619-644-2133</u>	BANK ACCOUNT NUMBER <u>121000358 325114625580</u>
ADDRESS <u>3099 Lemon Grove Ave</u>	CITY <u>Lemon Grove</u>	STATE ZIP CODE <u>CA. 91945</u>

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	
<u>Teresa Rosiak</u>	<u>Lemon Grove City Council</u>	<u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
<u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
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COMMITTEE NAME

I.D. NUMBER

Teresa Rosick for Lemon Grove City Council 2018

1409311

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

Teresa Rosick for Lemon Grove City Council 2018

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

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.