

Statement of Organization
 Recipient Committee

Statement Type

Initial
 Not yet qualified or Date qualification threshold met
 Amendment
 Termination - See Part 5
 Date qualification threshold met
 Date of termination

Date Stamp
CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Kamraal Martin for Lemon Grove Mayor 2020
 ADDRESS (NO P.O. BOX)
[REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92113 [REDACTED]
 FULL MAILING ADDRESS (IF DIFFERENT)
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
lmczeal98@gmail.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego Lemon Grove

NAME OF TREASURER
Lakisha McZeal
 STREET ADDRESS (NO P.O. BOX)
[REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92113 [REDACTED]
 NAME OF ASSISTANT TREASURER (IF ANY)
 STREET ADDRESS (NO P.O. BOX)
 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 1/30/20 By [REDACTED]
 Executed on 1/30/20 By [REDACTED]
 Executed on _____ By _____
 Executed on _____ By _____