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CALIFORNIA FORM 410

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Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met
11 / 26 / 2019

Termination - See Part 5
Date of termination

1. Committee Information I.D. Number (if applicable) 1422743

NAME OF COMMITTEE
Lemon Grove Neighbors Against the Lifetime Tax

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED] LA MESA, CA 91942

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Mary@MaryEnglandPR.Com LEMON GROVE, CA 91946

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego City of Lemon Grove

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mary England

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
William Baber

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
La Mesa CA 91942 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Mary England

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945 [REDACTED]

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 [REDACTED]

Executed on 11-26-2019 [REDACTED]

Executed on 11-26-2019 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on [REDACTED] By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on [REDACTED] By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

COPY

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Lemon Grove Neighbors Against the Lifetime Tax	I.D. NUMBER 1422743
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• 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 [REDACTED]	
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	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
			<input 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.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Proposed 3/4 cent transactions and use tax (Sales Tax) for the City of	City of Lemon Grove, CA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lemon Grove		<input type="checkbox"/>	<input type="checkbox"/>