

**Statement of Organization
Recipient Committee**

COPY

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met

Amendment
 Termination - See Part 5

Date of termination

Date Stamp

RECEIVED

JUL 30 2020

CITY CLERK

CALIFORNIA FORM 41

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
<i>Teresa Rosiak for Lemon Grove City Council 2020</i>				<i>Jack Moore</i>			
<i>(If applicable)</i>				<i>(If applicable)</i>			
I.D. Number				CITY			
				<i>Lemon Grove</i>			
				STATE			
				<i>Ca</i>			
				ZIP CODE			
				<i>91945</i>			
				AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
				<i>None</i>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY			
<i>Teresa, Rosiak 2018@gmail.com</i>				<i>Lemon Grove</i>			
				STATE			
				<i>Ca</i>			
				ZIP CODE			
				<i>91945</i>			
				AREA CODE/PHONE			
COUNTY OF DOMICILE				NAME OF PRINCIPAL OFFICERS			
<i>San Diego</i>				<i>Teresa Rosiak (Cand. Date)</i>			
JURISDICTION WHERE COMMITTEE IS ACTIVE				STREET ADDRESS (NO P.O. BOX)			
<i>Lemon Grove</i>							
				CITY			
				<i>Lemon Grove</i>			
				STATE			
				<i>Ca</i>			
				ZIP CODE			
				<i>91945</i>			
				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

Executed on 7/17/2020 BY _____

Executed on 7/17/2020 BY _____

Executed on 7/17/2020 BY _____

Executed on _____ BY _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Teresa Rosiak for Lemon Grove City Council 2020

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

NAME OF FINANCIAL INSTITUTION <i>Bank of America</i>	AREA CODE/PHONE <i>619-644-2133</i>	BANK ACCOUNT NUMBER
ADDRESS <i>3059 Lemon Grove Ave</i>	CITY <i>Lemon Grove</i>	STATE <i>Ca</i>
4. Type of Committee Complete the applicable sections.		ZIP CODE <i>91945</i>

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)
<i>Teresa Rosiak</i>	<i>Lemon Grove City Council</i>	<i>2020</i>	Nonpartisan <input checked="" type="checkbox"/> Partisan	(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
		SUPPORT OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Teresa Rosiak for Lemon Grove City Council 2020

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or parent certify that all of the following conditions have been met:

- 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.