

R37 1409211

Statement of Organization  
Recipient Committee

Statement Type  Initial  
 Not yet qualified  
or  
 Date qualified as committee

Amendment  
 Termination - See Part 1

Date of termination

RECEIVED AND FILED  
Office of the Secretary of State  
of the State of California

SEP 10 2018

CITY CLERK R/A

CALIFORNIA 410  
FORM RECEIVED

Date Stamp

AUG 13 2018

2. Treasurer and Other Principal Officers

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

TERESA ROSIAK FOR LEMON GROVE  
CITY COUNCIL 2018

NAME OF TREASURER  
Patricia Dolbeck

CITY El Cajon STATE CA. ZIP CODE 92020

NAME OF ASSISTANT TREASURER (IF ANY)

LEMON GROVE CA. 91945

MAILING ADDRESS (IF DIFFERENT)

Same as above

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

teresa.rosiak2018@gmail.com

COUNTY OF DOMICILE

San Diego JURISDICTION WHERE COMMITTEE IS ACTIVE  
Lemon Grove

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Patricia Dolbeck

STREET

CITY El Cajon STATE CA. ZIP CODE 92020

Attach additional information on appropriately labeled continuation sheets.

B. 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 7/31/18 By \_\_\_\_\_

Executed on 7/31/18 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SURE PROPONENT

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

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

COPY

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

*Lepesa Rosiak for Lemon Grove City Council 2018*

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  Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

*City Council of Lemon Grove Section*

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing this verification, the treasurer, assistant treasurer, and/or candidate, officer/holder, or proponent certifies 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.

Clear Page

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME: Teresa Rosiak for Lemon Grove City Council 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION: Bank of America Lemon Grove AREA CODE/PHONE: 619-644-2133 BANK ACCOUNT NUMBER: TBD when FPPC # issued

ADDRESS: 3099 Lemon Grove Ave 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 (list political party below)	CHECK ONE	
				Nonpartisan	Partisan
<u>Teresa Rosiak</u>	<u>City Council of Lemon Grove</u>	<u>2018</u>	<u>Rep</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Nonpartisan	<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)

N/A

	CHECK ONE	
	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**COPY**

