

**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 <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 26 / 2024

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>Received</b>	For Official Use Only
<b>JAN 28 2025</b>	
<b>City Clerk</b>	

<b>1. Committee Information</b>	<b>I.D. Number</b> 1473756 <small>(if applicable)</small>	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE JESSYKA HEREDIA 4 COUNCIL 2024			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY LEMON GROVE	STATE CA	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]			
COUNTY OF DOMICILE SAN DIEGO	JURISDICTION WHERE COMMITTEE IS ACTIVE LEMON GROVE		
Attach additional information on appropriately labeled continuation sheets.			

NAME OF TREASURER JESSICA HEREDIA			
STREET ADDRESS (NO P.O. BOX)	CITY LEMON GROVE	STATE CA	ZIP CODE [REDACTED]
EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE	
NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	

**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	<u>1/20/2025</u>	By	[REDACTED]	OR ASSISTANT TREASURER
	DATE			
Executed on	<u>1/20/2025</u>	By	[REDACTED]	CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME JESSYKA HEREDIA 4 COUNCIL 2024	I.D. NUMBER 1473756
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS WELLS FARGO BANK	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY EL CAJON	STATE CA	ZIP CODE [REDACTED]

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
JESSICA "JESSYKA" HEREDIA	LEMON GROVE CITY COUNCIL	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	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	
N/A		SUPPORT	OPPOSE
		SUPPORT	OPPOSE