

Officeholder and Candidate Campaign Statement - Short Form

CALIFORNIA FORM 470
For Official Use Only

Date Stamp
RECEIVED
SEP 25 2018
CITY CLERK

Amendment (Explain Below)

Date of election if applicable:
(Month, Day, Year)

11-06-2018

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: TRESSA ROSIAK

STREET ADDRESS: [REDACTED]

CITY: Lemon Grove STATE: CA. ZIP CODE: 91945

AREA CODE/DAYTIME PHONE NUMBER: [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS: _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Lemon Grove City Council

JURISDICTION (LOCATION): Lemon Grove DISTRICT NUMBER (IF APPLICABLE): _____

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Tressa Rosiak for Lemon Grove City Council 2018 #1409311</u>	<u>[REDACTED] Lemon Grove CA. 91945</u>	<u>Patricia Dabeck</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/24/2018 DATE By [REDACTED]

Clear Form

Print Form