

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination 12 / 31 / 2024
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Date Stamp Received JAN 30 2025 City Clerk	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information I.D. Number 1428543 (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
George Gastil for City Council 2024

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

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

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

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

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER
David Leon

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED] **Lemon Grove CA [REDACTED]**

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
George Gastil

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED] **Lemon Grove CA [REDACTED]**

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
George Gastil

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
[REDACTED] **Lemon Grove CA [REDACTED]**

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE
[REDACTED]

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 01/14/2024 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/14/2024 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT