

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met
 or
 Amendment
 Date qualification threshold met

Termination - See Part 5
 Date of termination

Date Stamp
RECEIVED
OCT 31 2018
CITY CLERK
CALIFORNIA 410 FORM
For Official Use Only

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

Teresa Rosick for Lemon Grove City Council #1409311

NAME OF COMMITTEE
 FULL MAILING ADDRESS (IF DIFFERENT)
 LEMON GROVE CA. 91945

NAME OF TREASURER
 STREET ADDRESS (NO P.O. BOX)
 CITY
 NAME OF ASSISTANT TREASURER (IF ANY)
 STREET ADDRESS (NO P.O. BOX)
 CITY

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 T.rosick.2018@gmail.com
 COUNTY OF DOMICILE
 San Diego
 JURISDICTION WHERE COMMITTEE IS ACTIVE
 Lemon Grove

NAME OF PRINCIPAL OFFICER(S)
 STREET ADDRESS (NO P.O. BOX)
 CITY
 STATE
 ZIP CODE
 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

Executed on 10/31/2018 By [Signature]
 Executed on 10/31/2018 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

TASSA Rossiak for Lemon Grove City Council 2018

I.D. NUMBER

1409311

Printed 2018 9:04:07

- 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>619-444-2133</i>	BANK ACCOUNT NUMBER <i>32514625508</i>
ADDRESS <i>3099 Lemon Grove Ave</i>	CITY <i>Lemon Grove</i>	STATE <i>CA</i>
	ZIP CODE <i>91945</i>	

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 CHECK ONE	SUPPORT	OPPOSE
<i>TASSA Rossiak</i>	<i>Lemon Grove City Councilman</i>	<i>2018</i>	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan <small>(list political party below)</small>	<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)	SUPPORT CHECK ONE	OPPOSE CHECK ONE
		<input type="checkbox"/>	<input type="checkbox"/>