

**Statement of Organization  
Recipient Committee**

**Statement Type**

- Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

Amendment

Date qualification threshold met

9/15/2018

Termination - See Part 2

Date of termination

SEP 26 2018

Date Stamp

CALIFORNIA 410  
FORM

**RECEIVED AND FILED**  
For Official Use Only  
in the office of the Secretary of State  
of the State of California

OCT 17 2018

CITY CLERK

OK

**1. Committee Information**

I.D. Number  
(if applicable)

1411558

NAME OF COMMITTEE

Kamaal Martin for Lemon Grove City Council 2018

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Lakisha McZeal

CITY

San Diego

STATE

CA

ZIP CODE

92113

NAME OF ASSISTANT TREASURER, IF ANY

[Redacted]

ZIP CODE

CA 92113

CITY

San Diego

FULL MAILING ADDRESS (DIFFERENT)

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

lmczeal98@gmail.com

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

Lemon Grove

NAME OF PRINCIPAL OFFICER(S)

Kamaal Martin

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

AREA CODE/PHONE

[Redacted]

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 California that the foregoing is true and correct.

Executed on

9/23/18

By

[Redacted]

Executed on

9/23/18

By

Executed on

DATE

By

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

Executed on

DATE

By

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

1411558

**Statement of Organization Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Kamaal Martin for Lemon Grove City Council 2018

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

NAME OF FINANCIAL INSTITUTION

Wells Fargo

AREA CODE/PHONE

(619) 464-4600

BANK ACCOUNT NUMBER

7188306786

CITY

7080 Broadway Lemon Grove

STATE

CA

ZIP CODE

92021 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	
			Nonpartisan	Partisan (list political party below)
Kamaal Martin	Lemon Grove City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Nonpartisan	Partisan (list political party below)
			<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)

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