

Statement of Organization  
Recipient Committee

Statement Type

- Initial  
 Not yet qualified  
or  
 Date qualification threshold met

Amendment

Date qualification threshold met  
 01 / 11 / 2020

Termination - See Part 1

Date of termination

**CALIFORNIA 410 FORM**  
 For Official Use Only  
**RECEIVED AND FILED**  
 In the office of the Secretary of State  
 of the State of California  
 JAN 21 2020  
 REC'D S.D. CO. ROV  
 FEB -6 PH 4: 04

1. Committee Information

I.D. Number  
(if applicable)

1423817

NAME OF COMMITTEE

Save Lemon Grove - Yes on S

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Denise Lewis  
 STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Lemon Grove CA 91945

FULL MAILING ADDRESS (IF DIFFERENT)

PO Box 380 Lemon Grove, CA 91945  
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE / campaigns@rcbs.us

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Diego City of Lemon Grove

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95841

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

George Gastil

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Lemon Grove CA 91945

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 1/16/2020 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

RECEIVED

FEB 11 2020

CITY CLERK

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Save Lemon Grove - Yes on S

I.D. NUMBER

1423817

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

NAME OF FINANCIAL INSTITUTION

First Foundation Bank

AREA CODE/PHONE

(916) 724-2424

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

2233 Douglas Blvd Suite 300

Roseville

CITY

STATE

CA

ZIP CODE

95661

**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	(list political party below)
			Nonpartisan	Partisan
			Nonpartisan	Partisan

**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)

Proposed three-quarter (3/4) cent transactions and use tax (Sales Tax) for the City of Lemon Grove : S

City of Lemon Grove

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

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INSTRUCTIONS ON REVERSE

CALIFORNIA 410  
FORM

Page 3 of 3

COMMITTEE NAME

Save Lemon Grove - Yes on S

I.D. NUMBER

1423817

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer, and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.