Statement of Organization
Recipient Committee

Statement Type

☐ Initial
○ Not yet qualified
or
○ Date qualification threshold met
__/__/____

☒ Amendment
Date qualification threshold met
06 / 12 / 2026

☐ Termination – See Part 5
Date of termination
__/__/____

Date Stamp
RECEIVED AND FILED
the office of the Secretary of State
of the State of California
JUN 23 2026

CALIFORNIA FORM 410
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1. Committee Information

I.D. Number 1491691

NAME OF COMMITTEE
YASMIN MENDOZA
FOR LEMON GROVE CITY COUNCIL 2026

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

CITY: Lemon Grove | STATE: CA | ZIP CODE | AREA CODE/PHONE: [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (OPTIONAL)
[redacted]

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Yasmin Mendoza

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Lemon Grove | STATE: CA | ZIP CODE: [redacted]

EMAIL ADDRESS OF TREASURER (REQUIRED): [redacted] | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Rosa Camey

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Lemon Grove | STATE: CA | ZIP CODE: [redacted]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED): [redacted] | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence i[redacted]information contained herein is true and complete. I certify under penalty of perjury under the laws of

Executed on 6/13/2026 _____
DATE [redacted]

Executed on 6/13/2026 _____
DATE [redacted]

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

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

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COMMITTEE NAME
Yasmin Mendoza For Lemon Grove City Council 2026

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of America	[redacted]	[redacted]

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
[redacted]	El Cajon	CA	[redacted]

4. Type of Committee (Check one and follow instructions.)

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) Nonpartisan	Partisan	(list political party below)
Yasmin Mendoza	Lemon Grove City Council	2026	X		
			Nonpartisan	Partisan	(list political party below)

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
		SUPPORT	OPPOSE

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COMMITTEE NAME

Yasmin Mendoza for Lemon Grove City Council 2026

I.D. NUMBER

1491691

4. Type of Committee

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 Contribution Committee ☐ ____/____/____

Date qualified

5. Termination Requirements

By signing this statement, the treasurer, assistant treasurer and/or candidate, officeholder, or person 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.