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Statement of Organization Recipient Committee

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Statement Type

Initial, Amendment, Termination - See Part 5. Includes checkboxes and date fields for qualification and termination.

Date Stamp: DIGITALLY RECEIVED AND FILED in the office of the California Secretary of State SEP 23 2024

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1. Committee Information (Name: Residents for Yes on Measure T for Lemon Grove, I.D. Number Pending) and 2. Treasurer and Other Principal Officers (Treasurer: Stephanie D Sanchez, Assistant: Gregory Woods).

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. Executed on 09/22/2024 by Stephanie D Sanchez.

02. Additional Officers (continued)

Name: Minola Clark Manson

Position: Principal Officer

Street Address: [REDACTED]

Email: [REDACTED]

Phone Number: [REDACTED]

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| COMMITTEE NAME Residents for Yes on Measure T for Lemon Grove | I.D. NUMBER Pending |
|--|------------------------|

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 Bank of San Francisco | AREA CODE/PHONE [REDACTED] | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY [REDACTED] | STATE [REDACTED] |
| | | ZIP CODE [REDACTED] |

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <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 |
| Sales Tax Proposal, Measure T | City of Lemon Grove | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

Pending

COMMITTEE NAME

Residents for Yes on Measure T for Lemon Grove

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 ponent 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.