Statement of Organization Recipient Committee				Date Stamp Received	CALIFORNIA 410
1	☑ Initial ② Not yet qualified	☑ Amendment	☐ Termination – See Part 5	AUG 2 0 2024	For Official Use Only
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	City Clerk	
	//	//	/		
1. Committee Ir	nformation I.D. Number		2. Treasurer and O	ther Principal Officers	
NAME OF COMMITTEE			NAME OF TREASURER		
Jessyka Heredia	4 Council 2024		Jessica Heredia		
		7	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
			EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA CODE/PHONE
STREET ADDRESS (NO P.O.	BOX)				
			NAME OF ASSISTANT TREASUR	ER, IF ANY	
CITY	STATE	ZIP CODE AREA CODE/PHONE	N/A		
			STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
FULL MAILING ADDRESS (I	IF DIFFERENT)				
	MAITTER INFOLLUDED LEAV CONTIONAL		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
E-IMAIC ADDRESS OF COM	MITTEE (REQUIRED) / FAX (OPTIONAL)				
COUNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S	(1)	
San Diego	Lemon Grove Cit		jessica Heredia		
San Diego	Lemon Grove Ch	<i>y</i>	STREET ADDRESS (NO P.O. BOX	CITY	STATE ZIP CODE
Attach additional in	formation on appropriately lab	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE
3. Verification					
Lhave used all reas	onable diligence in preparing th	is statement and to the hest of	of my knowledge the information	on contained berein is true and	complete I certify under
	under the laws of the State of Ca			on contained herein is true and	a complete. Teertify under
Executed on 8/19/2	2024				
8/19/2	DATE 2024		OF TREASURER OR ASSISTANT TREASURER		
Executed on	DATE		OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	
Executed on	DATE Dy	SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	
Executed on	Ву		LUNG OFFICE HOLDER CANDIDATE OF TAXE ME		

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

CALIFORNIA 410 Statement of Organization **FORM Recipient Committee** INSTRUCTIONS ON REVERSE Page 2 I.D. NUMBER COMMITTEE NAME Jessyka Heredia 4 Council 2024 All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. AREA CODE/PHONE BANK ACCOUNT NUMBER NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wells Fargo Bank CITY ZIP CODE ADDRESS OF FINANCIAL INSTITUTION STATE 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	PAR CHECK			
Jessica "Jessyka" Heredia	Lemon Grove City Council		2024	Nonpartisan	Partisan	rtisan (list political party below)	
				Nonpartisan	Partisan	(list political part	ty below)
		rific candidates or measures in a single el					
ditional in the first and the		CANDIDATE(S) OFFICE SOUGHT OR H (INCLUDE DISTRICT NO., CITY (ION	CHECK	ONE
N/A						SUPPORT	OPPOSE
				100		SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME			I.D. NUMBER
Jessyka Heredia 4 Council 2024			I.S. NOMBER
			The state of the s
4. Type of Committee (Continued)			
General Purpose Committee Not formed to	support or oppose specific candidates or measur	es in a single election. Check only one box	•
✓ CITY Comm		STATE Committee	
E CIT COIIII	intee Cookii committee	☐ STATE COMMITTEE	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Running for Lemon Grove City Council			
Sponsored Committee List additional spons	sors on an attachment.		
NAME OF SPONSOR	INDUSTRY GROUP OR AF	ILIATION OF SPONSOR	
N/A			
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.