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CALIFORNIA FORM 410

Statement of Organization Recipient Committee

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met 08 / 12 / 2020

Termination - See Part 5  
 Date of termination

AUG 20 2020

2020 SEP 10 PM 3:55  
REC'D S.D. CO. ROY

1. Committee Information				I.D. Number 1428543			
NAME OF COMMITTEE George Gastil for City Council 2020				NAME OF TREASURER George Gastil			
STREET ADDRESS (OVERSEAS BOX)				STREET ADDRESS (INDY FID. BOX)			
CITY Lemon Grove				STATE CA		ZIP CODE 91945	
CITY Lemon Grove				STATE CA		ZIP CODE 91945	
E-MAIL ADDRESS (OVERSEAS BOX)				E-MAIL ADDRESS (INDY FID. BOX) georgegastil@gmail.com			
COUNTY OF GOVERNANCE San Diego		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Lemon Grove		NAME OF PRINCIPAL OFFICER George Gastil (Candidate)			
ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.				CITY Lemon Grove			
				STATE CA		ZIP CODE 91945	

**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 information is true and correct.

Executed on 8/14/20 By [Signature] PRESIDENT/TREASURER

Executed on 8/14/20 By [Signature] CANDIDATE OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME George Gastil for City Council 2020	REP. NUMBER 1428543
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All committees must list the financial institution where the campaign bank account is located.

BANK OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE (619) 262-4600	BANK ACCOUNT NUMBER 6001409405
ADDRESS 7080 Broadway	CITY Lemon Grove	STATE ZIP CODE CA 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 CHECK ONE		
			Nonpartisan	For party	(list political party below)
George Gastil	Council Member, City of Lemon Grove	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3

FID NUMBER

COMMITTEE NAME

**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 DONOR

INDUSTRY GROUP OR AFFILIATED SPONSOR

STREET ADDRESS

RD AND LABEL

CITY

STATE

ZIP CODE

AREA CODE-PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Indicate year

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or agent 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.