

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

02-13-2026

1. Committee Information

I.D. Number 1447684
(if applicable)

NAME OF COMMITTEE

Seth Smith For Lemon Grove City Council
2022

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Lemon Grove

STATE

Ca

ZIP CODE

[Redacted]

AREA CODE/PHONE

[Redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

[Redacted]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

[Redacted]

COUNTY OF DOMICILE

San Diego County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Lemon Grove

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 02-13-2026 BY [Redacted]

Executed on 02-13-2026 BY [Redacted]

Executed on _____ BY _____

Executed on _____ BY _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**CALIFORNIA 410
FORM**

For Official Use Only

Date Stamp

City Clerk

February 10, 2026

Office of the

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David Leor

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Lemon Grove

STATE

Ca

ZIP CODE

[Redacted]

EMAIL ADDRESS OF TREASURER (REQUIRED)

[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

Seth Smith

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Lemon Grove

STATE

Ca

ZIP CODE

[Redacted]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

[Redacted]

NAME OF PRINCIPAL OFFICER(S)

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

[Redacted]

STATE

[Redacted]

ZIP CODE

[Redacted]

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

[Redacted]

AREA CODE/PHONE

[Redacted]

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA 410
FORM**

Page 2

I.D. NUMBER

COMMITTEE NAME

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

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

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		(list political party below)
			Nonpartisan	Partisan	
Seth Smith	Lemon Grove City Council Member	2022	Nonpartisan	Partisan	Democrat
			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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA 410
FORM**

Page 3
I.D. 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

Seth Smith for Lemon Grove City Council 2022

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.