## RECEIVED

Statement of C Recipient Con			AUG 2 9 2022	Date Stamp	CALIFORNIA FORM	410_
Recipient Con Statement Type	☐ Initial	InC	ATTY OLERK	THE Office of the Secretary of the Office of California	For Official	ule ohiV E D
Jaconiont Type	O Not yet qualified		Termination - Dee Fart 5	of the State of California	ÇED	<b>2 2</b> 2022
	or	h ald ma-t	Data of termination	SEP 01 2022	UEP	<b>₩</b> ₩ ZUZZ
	Date qualification threshold met	shold met	Date of termination	J	CITY	CLERK
	8/ 8 / 2022 8 8 /	2022	/		1448	236
1. Committe	e Information I.D. Number		2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	(y upprocesses		NAME OF TREASURER	17		
Blanca Lopez Br	rown for City Council 2022		Jerry Jones			
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.C	D. BOX)		CITY	STATE	ZIP CODE AF	EA CODE/PHONE
			Lemon Grove	CA	91945	
CITY		DE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
Lemon Grove	CA 91945					
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQU	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AF	REA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
San Diego	Lemon Grove					
			STREET ADDRESS (NO P.O. BOX)			
			CITY	STATE	ZIP CODE A	REA CODE/PHONE
Attach addition	al information on appropriately labeled continuation s	sheets.				515541/6/20
2 1/::6		-				
3. Verification						71
	easonable diligence in preparing this statement and t	o the best of	my knowledge the informa	ation contained herein is true	and complete. I cer	tify under
	rry under the laws of the State of C					
Executed on 8/2	27/2022 DATE By	SIGNATI	JRE TREASURER OR ASSISTANT TREASU	UREN		
Evenued an 8/2	27/2022 By	, January				
Executed on	DATE BY	any or your mouse	DIDATE, OR STATE	MEASURE PROPONENT	•	
Executed on	Ву		ne oppopulation extinuity on critic	C LATERS ( DE NOCODONIENT		
		UKE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR STATE	E MICHOOME EUROPONEM!		
Executed on	DATE BY SIGNAT	TURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee	CALIFORNIA 410							
NSTRUCTIONS ON REVERSE	Page 2							
COMMITTEE NAME						I.D. NUMBER		
Blanca Lopez Brown for City Council 2022								
All committees must list the financial institution where the can	npaign bar	nk account is located.						
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOU	NT NUMBER				
Union Bank								
ADDRESS	CITY		STATE	ZiF	CODE			
	Lemo	on Grove	CA	9	1945			
4. Type of Committee Complete the applicable sections.							1000	
Controlled Committee								
List the name of each controlling officeholder, candidate, or stat also list the elective office sought or held, and district number, it			or officeholder	controlled				
List the political party with which each officeholder or candidate	e is affiliate	ed or check "nonpartisan.	' Stating "No pa	rty prefere	nce" is accep	otable		
If this committee acts jointly with another controlled committee	e, list the na	ame and identification nu	ımber of the oth	er controll	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			PAR* CHECK			
Blanca Lopez Brown	City Cou	ıncil		2022	Nonpartisan	Partisan	(list political pa	rty below)
					Nonpartisan	Partisan	(list political pa	rty below)
			was to a stools at	addan I to	halauu			
Primarily Formed Committee Primarily formed to support or o	ppose spec	cific candidates or measu	res in a single ele	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICT (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)				CHECK ONE		
I A RECORD SHITE TECHNOLOGY OF THE STATE OF							SUPPORT	OPPOSE
							SUPPORT	OPPOS