

Statement of Organization
Recipient Committee

Statement Type

☒ Initial ☒ Not yet qualified or ☐ Date qualification threshold met ____/____/____	☐ Amendment Date qualification threshold met ____/____/____	☐ Termination - See Part 6 Date of termination ____/____/____
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Office of the Secretary of State
of the State of California

AUG 28 2026

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information		I.D. Number (if applicable)	
NAME OF COMMITTEE Community First Lemon Grove			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Lemon Grove	STATE CA	ZIP CODE 91945	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]			
COUNTY OF DOMICILE San Diego	JURISDICTION WHERE COMMITTEE IS ACTIVE Lemon Grove, CA		
Attach additional information on appropriately labeled continuation sheets.			

2. Treasurer and Other Principal Officers			
NAME OF TREASURER Crystal Hall			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Lemon Grove	STATE CA	ZIP CODE [REDACTED]
EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY [REDACTED]	STATE [REDACTED]
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
NAME OF PRINCIPAL OFFICER(S) Cynthia Jurado			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Lemon Grove	STATE CA	ZIP CODE [REDACTED]
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	

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 8-13-2026 By [REDACTED]
DATE
Executed on 8-13-2026 By [REDACTED]
DATE
Executed on _____ By _____
DATE
Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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1.D. NUMBER

COMMITTEE NAME

Community First Lemon Grove

- 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

California Federal Credit Union

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION

[REDACTED]

CITY

San Diego

STATE

CA

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		
N/A			Nonpartisan	Partisan	(list political party below)
			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	
N/A		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME
Community First 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

A non partisan Lemon Grove based committee formed to promote a Community First focused agenda in elections that affect our community. A way to help protect our local community from undue outside influence and money by raising our own.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

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 parent 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.