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Statement of Organization Recipient Committee

Statement Type Initial

Not yet qualified or

Date qualified as committee

07 / 16 / 18

Amendment

Termination - See Part 5

07 / 16 / 18

Date qualified as committee

Date of termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California

RECEIVED For Official Use

JUL 27 2018

AUG 08 2018

CITY CLERK

CALIFORNIA 410 FORM

Date Stamp

1. Committee Information

I.D. Number (if applicable) 1405051

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Jennifer Mendoza for City Council 2018

NAME OF TREASURER

Jennifer Mendoza

STREET ADDRESS (NO P.O. BOX)

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Lemon Grove

[Redacted]

CITY

Lemon Grove

MAILING ADDRESS (IF DIFFERENT)

[Redacted]

MAILING ADDRESS (NO P.O. BOX)

[Redacted]

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

jennifermendoza@gmail.com

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

[Redacted]

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

[Redacted]

COUNTY OF DOMICILE

[Redacted]

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 07/25/2018 By [Redacted]

Executed on 07/25/2018 By [Redacted]

Executed on [Redacted] By [Redacted]

Executed on [Redacted] By [Redacted]

AGENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

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L.D. NUMBER
1405010

COMMITTEE NAME
Jennifer Mendoza for City Council 2018

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Union Bank

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

0071120901

ADDRESS

3285 Lemon Grove Avenue

CITY

Lemon Grove

STATE

CA

ZIP CODE

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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Jennifer L. Mendoza	Lemon Grove City Councilmember	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partisan (list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1405051

COMMITTEE NAME

Jennifer Mendoza for City Council 2018

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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, officer/holder, or proponent certifies 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.

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