Statement of C Recipient Con		OITY CLERK MORENO VALLES RECEIVED		CALIFORNIA 410		
Statement Type	☐ Initial ☐ Amendment ☐ Tender  ○ Not yet qualified or ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	rmination – See Part 5 RECEIVE 18 AUG – 6 in hit of the S	D AND FILET the Secretary of States of California 16 2018		For Official Use Only	
1. Committee In	formation   I.D. Number (if applicable)   1387293	2. Treasurer and Other	Principal Office	rs		
NAME OF COMMITTEE		NAME OF TREASURER				
Elect David Marqu	uez City of Moreno Valley Mayor 2018	Radene Hiers				
		STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O	D. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
		Moreno Valley	CA	92551		
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY				
Moreno Valley	CA 92551	n/a				
MAILING ADDRESS (IF DIE	FFERENT)	STREET ADDRESS (NO P.O. BOX)				
n/a		n/a				
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
		n/a				
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Riverside	City of Moreno Valley	Nina Hiers, Chair				
		STREET ADDRESS (NO P.O. BOX)				
		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Attach additional	information on appropriately labeled continuation sheets.	Moreno Valley	CA	92551		
penalty of perjui	easonable diligence in preparing this statement and to the best of ry under the laws of the Sta  7-2-18  DATE  By  DATE	my knowledge the information con prrect.	tained herein is tru	e and complet	e Certify under CE V Service V Servi	
Executed on	7-2-18 By By	OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PR	OPONENT		ERSIDE ERSIDE	
	DATE SIGNATURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PR	OPONENT			
Executed on	DATE SIGNATURE OF CONTROLL	ING OFFICEHOLDER CANDIDATE OR STATE MEASURE DE	POPONENT			

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

Statement of Organization Recipient Committee Instructions on reverse						FORM 410			
All committees must list the financial institution where the campaign	bank accoun	t is located.							
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOU	INT NUMBER					
U. S. Bank		9512429347							
ADDRESS	CITY	CITY S		ZIP CODE					
25900 Iris Ave.	More	no Valley	CA	CA 92551					
4. Type of Committee Complete the applicable sections.									
Controlled Committee									
<ul> <li>List the name of each controlling officeholder, candidate, or stat district number, if any, and the year of the election.</li> </ul>	e measure p	proponent. If candid	ate or officeholder	controlled,	also list the ele	ective office	e sought or he	ld, and	
<ul> <li>List the political party with which each officeholder or candidate</li> </ul>	e is affiliated	or check "nonpartis	an." Stating "No pai	ty preferer	nce" is accepta	ble.			
If this committee acts jointly with another controlled committee	e, list the nai	me and identificatior	number of the othe	er controlle	d committee.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(	ELECTIVE OFFICE SOUG INCLUDE DISTRICT NUMBE		ABLE) ELECTION		PARTY CHECK ONE			
David Marquez	Moreno	Noreno Valley City Mayor			Nonpartisan  V		ist political party	·	
					Nonpartisan	Partisan (I	ist political party	below)	
Primarily Formed Committee Primarily formed to support or	oppose spec	cific candidates or me	easures in a single e	ection. Lis	t below:				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.			E(S) OFFICE SOUGHT OR H LUDE DISTRICT NO., CITY (			1	CHECK	ONE	
n/a							SUPPORT	OPPOSE	
	<del></del>					· · · · · · · · · · · · · · · · · · ·	SUPPORT	OPPOSE	

## Statement of Organization Recipient Committee

CALIFORNIA 410

Recipient Committee INSTRUCTIONS ON REVERSE			FORM TIU			
				Page 3		
COMMITTEE NAME		I.D. NUMBER				
Elect David Ma	arquez City of Moreno Valley N		1387293			
4. Type of Cor	mmittee (Continued)					
General Purpo		support or oppose specific candidates or medittee  COUNTY Committee  STATE Co		·		
PROVIDE BRIEF DESCRIPTI	ON OF ACTIVITY					
Walking, talkin	g, & knocking in support of Ma	rquez to be elected				
Sponsored Com	mittee List additional spons	ors on an attachment.				
NAME OF SPONSOR		INDUSTRY GROUP OR A	FFILIATION OF SPONSOR			
n/a						
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE AREA CODE/PHONE		
•						
Small Contribu		e qualified				
5. Termination	n Requirements By signing	the verification, the treasurer, assistant treasurer and/or	candidate, officeholder, or proponent certify t	nat 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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