Q	rganization 33 /44 3 inittee I Initial	Termination – See Part 5 Date of termination	Date Stamp RECEIVED AND Fit in the office of the Secretary of of the State of California JAN 18 2022	CALIFORNIA 410 FORM For Official Use Only 22 JAN 21 AM 9: 30
1. Committee I		2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE	(if applicable)	NAME OF TREASURER	KEEL J. STOLIN STOLIN ST.	
Mercado for Mova	al City Council District 1 - 2022	Gerardo Mercado		
		STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O. BO.	ox)	CITY	STATE	ZIP CODE AREA CODE/PHONE
		Moreno Valley	CA	92553
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER		
Moreno Valley	CA 92553			
FULL MAILING ADDRESS (IF D	REFERENT)	STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIRED)) / FAX (OPTIONAL)	CITY	STATE	ZIP CODE AREA CODE/PHONE
jerry.mercado@ma	ail.com			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Riverside	City of Moreno Valley			
		STREET ADDRESS (NO P.O. BOX)		
Attach additional in	nformation on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verification				
I have used all reas	sonable diligence in preparing this statement and to the best of	f my knowledge the informat	tion contained herein is true a	and complete. I certify under
penalty of perjury i	under the laws of the St	d correct.		
Executed on	13/2022 By			
1/	17 /2 - 27	ORE OF TREASURER OR ASSISTANT TREASUR	RER	
Executed on	DATE By			
Evenue d ===	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE 1	MEASURE PROPONENT	
Executed on	DATE SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT	
Executed on	By			
		ING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	

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

Statement of Organization Recipient Committee						CALIFO FOI		10
INSTRUCTIONS ON REVERSE						Page 2		
COMMITTEE NAME Mercado for Moval City Council District 1 - 2022								
All committees must list the financial institution where the cam	paign ba	nk account is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	DDE/PHONE	BANK ACCOU	COUNT NUMBER				
Pending								
ADDRESS	CITY		STATE	ZI	P CODE			
4. Type of Committee Complete the applicable sections.	rifet p		execution is				and Labor	3.4VV v.1
Controlled Committee								
List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if			iceholder	controlled	l,			
• List the political party with which each officeholder or candidate	is affiliate	d or check "nonpartisan." Stati	ng "No pa	rty prefere	ence" is accep	otable		
• If this committee acts jointly with another controlled committee,	list the n	ame and identification number	of the oth	er control	led committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE						
Gerardo Mercado	Moreno	Valley City Council District 1 2022 Nonpartisan Partisan			Partisan	(list political party below)		
					Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or op	pose spec	ific candidates or measures in a	a single ele	ection. List	t below:			4
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE 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			
9							SUPPORT	OPPOSE
							SUPPORT	OPPOSE

Statement of Organizate Recipient Committee INSTRUCTIONS ON REVERSE	tion				CALIFORNIA FORM	410
					Page 3	
COMMITTEE NAME Mercado for Moval City Counc	il District 1 - 2022				I.D. NUMBER	
4. Type of Committee	(Continued)		可能性的 有一种 对 对	Total Edition	。 第二章 军件 (市民等等	es trae
General Purpose Committee	Not formed to support or o	oppose specific candidates or me				
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee List	additional sponsors on an att	achment.				
NAME OF SPONSOR		INDUSTRY GROUP OR A	AFFILIATION OF SPONSOR		-1811	
STREET ADDRESS NO. AND STA	REET	СІТҮ	STATE	ZIP CODE	AREA CODE/PHON	Ē
Small Contributor Committee		_				
E Toursianties Dennis	Date qualified	Con Walks and Brown and Business				
5. Termination Require	EMENTS By signing the verificat	tion, the treasurer, assistant treasurer an	id/or candidate, officeholder, or ponent	certify that all of th	e following conditions have	e 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.