

Statement of Organization Recipient Committee

Statement Type

- ☐ Initial
☐ Not yet qualified
or
☐ Date qualification threshold met

☐ Amendment
Date qualification threshold met

☒ Termination - See Part 5

Date of termination

11 / 19 / 2025

Date Stamp

CALIFORNIA 410
FORM

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Ed Delgado for Moreno Valley City Council 2022 - 2nd District

I.D. Number 1439483
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Dana Hopkins CPA

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Riverside

CA

92501

EMAIL ADDRESS OF TREASURER (REQUIRED)

dana@lillanhopkins.com

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Riverside

CA

92503

FULL MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

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

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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 11/20/2025 By [Signature]

Executed on 11/25/2025 By [Signature]

Executed on [Date] By [Signature]

Executed on [Date] By [Signature]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM
410

Page 2

COMMITTEE NAME

Ed Delgado for Moreno Valley City Council 2022 - 2nd District

I.D. NUMBER

1439483

- 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

Provident Bank

AREA CODE/PHONE

(800) 442-5201

BANK ACCOUNT NUMBER



ADDRESS OF FINANCIAL INSTITUTION

4001 Main St

CITY

Riverside

STATE

CA

ZIP CODE

92501

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

Edward (Ed) Delgado

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

City Council, 2nd District

YEAR OF
ELECTION

2022

PARTY
CHECK ONE

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

SUPPORT

OPPOSE

SUPPORT

OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM
410

Page 3

I.D. NUMBER

1439483

COMMITTEE NAME

Ed Delgado for Moreno Valley City Council 2022 - 2nd District

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

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, officeholder, orponent 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.