

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# 1370774

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

CITY CLERK  
MORENO VALLEY  
RECEIVED

Rate Stamp

16 MAY 20 PM 3: 30

CALIFORNIA  
FORM 410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

RE-ELECTION OF JEMPSON FOR CITY COUNCIL IN 2016

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

MORENO VALLEY, CA. 92553

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

RIVERSIDE

JURISDICTION WHERE COMMITTEE IS ACTIVE

MORENO VALLEY

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

LATISHA AGUIRRE

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

MORENO VALLEY CA. 92555

NAME OF ASSISTANT TREASURER, IF ANY

D. LADONNA JEMPSON

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

MORENO VALLEY CA 92553

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

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 5/18/16 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5-16-16 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

RE-ELECTION OF JEMPSON FOR CITY COUNCIL IN 2016

I.D. NUMBER

1370774

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

NAME OF FINANCIAL INSTITUTION ALTURA CREDIT UNION	AREA CODE/PHONE 888-883-7228	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS P.O. BOX 908	CITY RIVERSIDE, CA.	STATE ZIP CODE 92502-0908

**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."
- 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
D. LADONNA JEMPSON	MORENO VALLEY COUNCIL MEMBER	2016	<input checked="" type="checkbox"/> Nonpartisan
	DISTRICT 7		<input type="checkbox"/> Nonpartisan

**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)	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"/>

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COMMITTEE NAME  
**RE-ELECTION OF JEMPSON FOR CITY COUNCIL IN 2016**

**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

**Small Contributor Committee**  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.