

**Statement of Organization  
Recipient Committee**

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**CALIFORNIA  
FORM 410**  
For Official Use Only

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: \_\_\_\_\_  
 # 1391795 # \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee  
 10 / 17 / 2016 Date qualified as committee  
 (If applicable) \_\_\_\_\_ Date of Termination

**1. Committee Information**

NAME OF COMMITTEE COMMITTEE FOR ETHICS AND ACCOUNTABILITY IN GOVERNMENT  
 SUPPORTING BACA AND LARA-TELEZ FOR MORENO VALLEY CITY COUNCIL 2016, AND  
 GUTIERREZ FOR MAYOR 2016 MAJOR FUNDING BY HIGHLAND PATRVIEW OPERATING CO.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 SAN RAFAEL CA 94901 \_\_\_\_\_  
 MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_  
 FAX / E-MAIL ADDRESS  
 \_\_\_\_\_  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 MARIN CITY OF MORENO VALLEY

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 JASON D. KAUNE  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 SAN RAFAEL CA 94901 \_\_\_\_\_  
 NAME OF ASSISTANT TREASURER, IF ANY  
 JAMES W. CARSON  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 SAN RAFAEL CA 94901 \_\_\_\_\_  
 NAME OF PRINCIPAL OFFICER(S)  
 LEONARDO DANIEL GONZALEZ  
 MAILING ADDRESS  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 MORENO VALLEY CA 92557 \_\_\_\_\_

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 10/31/2016 By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 DATE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COMMITTEE FOR ETHICS AND ACCOUNTABILITY IN GOVERNMENT, SUPPORTING BACA AND LARA-TELLEZ FOR MORENO VALLEY CITY COUNCIL 2016, AND GUTIERREZ FOR MAYOR 2016 MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

ID NUMBER

1391795

2a. Additional Officers / Assistant Treasurers

NAME

ANTONIO REZA SR.

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92557	[REDACTED]

NAME

MARSHALL SCOTT

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92557	[REDACTED]

NAME

ROBERT HARRIS

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92557	[REDACTED]

NAME

IDDO BENZEEVI

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92555	[REDACTED]

NAME

FLORENTINO ARREGUIN

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92553	[REDACTED]

NAME

GABRIEL COLANGELO

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92553	[REDACTED]

NAME

KEOKI KEKAULA

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92553	[REDACTED]

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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9031 PIGEON PASS ROA

CM

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INSTRUCTIONS ON REVERSE

COMMITTEE FOR ETHICS AND ACCOUNTABILITY IN GOVERNMENT, SUPPORTING BACA AND LARA-TELLEZ FOR MORENO VALLEY CITY COUNCIL 2016, AND GUTIERREZ FOR MAYOR 2016, MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

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1391795

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

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE (415) 927-8902	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 504 TAMALPAIS DRIVE	CITY CORTE MADERA	STATE CA
		ZIP CODE 94925

**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
			<input type="checkbox"/> Nonpartisan
			<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
DAVID LARA-TELLEZ	City Council Member: CITY OF MORENO VALLEY District 3	X	
VICTORIA BACA	City Council Member: CITY OF MORENO VALLEY District 1	X	

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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		
HIGHLAND FAIRVIEW OPERATING CO.		LOGISTICS FACILITY BUILDER/DEVELOPER		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		MORENO VALLEY	CA	92553

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.