

**Statement of Organization
Recipient Committee**

CITY CLERK
MORENO VALLEY
RECEIVED

Date Stamp

CALIFORNIA
FORM **410**

For Official Use Only

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1391795
Date qualified as committee
10 / 17 / 2016
(If applicable)

Termination
List I.D. number:

Date of Termination
____ / ____ / ____

16 DEC 15 PM 12:45

1. Committee Information

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	[REDACTED]
MAILING ADDRESS (IF DIFFERENT)			
FAX / E-MAIL ADDRESS			
[REDACTED]			
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)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
JAMES W. CARSON

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
ANTONIO REZA SR.

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

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

Attach additional information on appropriately labeled continuation sheets.

LEONARDO DANIEL GONZALEZ
MAILING ADDRESS

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 11/2/2016 By [REDACTED] 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, LARA-TELLEZ, & LOWELL FOR MORENO VALLEY CITY COUNCIL & GUTIERREZ FOR MAYOR 2016, MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

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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 92553 [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
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE

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

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

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	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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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
YXSTIAN GUTIERREZ	Mayor: CITY OF MORENO VALLEY	X	
BRIAN LOWELL	City Council Member: CITY OF MORENO VALLEY District 3	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.