

CITY CLERK
MORENO VALLEY
RECEIVED

1372067

COUNTY

Returned: 28 19-29-14

Statement of Organization
Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: _____

09/29/2014 # _____

Date qualified as committee Date qualified as committee (if applicable) Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
SEP 29 2014
Hand Delivered, Sacramento

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE RECALL, MAJOR FUNDING BY HIGHLAND PALMVIEW OPERATING CO

STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD, SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL, CA		94901	415-389-6800

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
form410@nmgovlaw.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
MARIN	MORENO VALLEY

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JASON D. KAUNE

STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD, SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL, CA		94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY
JAMES W. CARSON

STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL, CA		94901	415-389-6800

NAME OF PRINCIPAL OFFICER(S)
IDDO BENZEEVI

STREET ADDRESS (NO P.O. BOX)
14225 CORPORATE WAY

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY, CA		92553	951-842-5440

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 7.27.2014 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

2 of 4

COMMITTEE NAME
COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE
RECALL, MAJOR FUNDING BY HIGHLAND FAIRVIEW

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE 415-927-8906	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 504 TAMALPAIS DRIVE	CITY CORTE MADERA	STATE ZIP CODE CA 94925

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
VICTORIA BACA	City Council Member CITY OF MORENO VALLEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COUNCIL MEMBER RECALL	CITY OF MORENO VALLEY	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**
3 of 4

COMMITTEE NAME
COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE
RECALL, MAJOR FUNDING BY HIGHLAND FAIRVIEW

I.D. NUMBER

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	
14225	CORPORATE WAY	MORENO VALLEY	CA	92553	

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements By signing this verification, the treasurer, assistant treasurer, and/or candidate officer or order proponent certifies 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.

**Additional Comments
for Form 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
COMMITTEE FOR FAIR AND HONEST POLITICAL PRACTICES, SUPPORTING BACA FOR CITY COUNCIL DISTRICT 5 IN 2014 AND OPPOSING THE
RECALL, MAJOR FUNDING BY HIGHLAND FAIRVIEW

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

4 of 4

I.D. NUMBER

ADDITIONAL ADDRESS: 14225 CORPORATE WAY, MORENO VALLEY, CA 92553