

CITY CLERK  
MORENO VALLEY  
RECEIVED

Received: 1-11-16  
Returned: 1-13-16

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified  or

List I.D. number:

List I.D. number:

12 / 31 / 2015

Date qualified as committee

# \_\_\_\_\_

Date qualified as committee  
(if applicable)

# \_\_\_\_\_

Date of Termination

16 JAN 25 PM 4:53

Date Stamp

CALIFORNIA  
FORM 410

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

JAN 11 2016

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Committee to Protect Moreno Valley, Sponsored by CCAEJ  
Action, a Project of The Advocacy Fund

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Jurupa Valley

STATE

CA 92509

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 29229; San Francisco, CA 94129

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

Riverside

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Amanda Keton

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

San Francisco

STATE

CA

ZIP CODE

94129

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Ben Malley

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

San Francisco

STATE

CA

ZIP CODE

94129

AREA CODE/PHONE

[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

Amanda Keton

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

San Francisco

STATE

CA

ZIP CODE

94129

AREA CODE/PHONE

[REDACTED]

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 01/08/2016

DATE

By \_\_\_\_\_

Executed on 01/08/2016

DATE

By \_\_\_\_\_

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**Committee to Protect Moreno Valley, Sponsored by CCAEJ Action, a Project of The Advocacy Fund**

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <b>Wells Fargo Bank</b>	AREA CODE/PHONE <b>415-396-4110</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <b>420 Montgomery St.</b>	CITY <b>San Francisco</b>	STATE ZIP CODE <b>CA 94104</b>

**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	
<b>Referendum on World Logistics Center Land Use/Zoning</b>	<b>City of Moreno Valley</b>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Protect Moreno Valley, Sponsored by CCAEJ Action, a Project of The Advocacy Fund

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

CCA EJ Action

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Nonprofit Organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

7701 Mission Blvd

Jurupa Valley

CA

92509

**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.