

CITY CLERK **372071**  
 MORENO VALLEY  
**RECEIVED**

COMM **372071** Rejected: **19/09/14**  
 Returned: **19/09/14**

**Statement of Organization Recipient Committee**

Statement Type  Initial **14 OCT -1**  Amendment **AM10:46**  Termination - See Part 5  
 Not yet qualified  or List I.D. number: \_\_\_\_\_  
 # \_\_\_\_\_ # \_\_\_\_\_  
 09/29/2014  
 Date qualified as committee Date qualified as committee Date of Termination  
 (if applicable)

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  
**RESIDENTS FOR SAFE NEIGHBORHOODS, GREAT SCHOOLS & JOB CREATION, SUPPORTING GIBA FOR CITY COUNCIL DISTRICT 2 IN 2014, MAJOR FUNDING BY HIGHLAND FAIRVIEW 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 7-29-2014 By X [Signature]  
 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

<b>CALIFORNIA FORM 410</b>
2 of 4
I.D. NUMBER

COMMITTEE NAME  
RESIDENTS FOR SAFE NEIGHBORHOODS, GREAT SCHOOLS & JOB CREATION, SUPPORTING GIBA FOR CITY COUNCIL DISTRICT 2 IN 2014,  
MAJOR FUNDING BY HIGHLAND FAIRVIEW

- 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 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
JEFFREY GIBA	City Council Member CITY OF MORENO VALLEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
3 of 4
I.D. NUMBER

COMMITTEE NAME

RESIDENTS FOR SAFE NEIGHBORHOODS, GREAT SCHOOLS & JOB CREATION, SUPPORTING GIBA FOR CITY COUNCIL DISTRICT 2 IN 2014,  
MAJOR FUNDING BY HIGHLAND FAIRVIEW

**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

HIGHLAND FAIRVIEW OPERATING CO.

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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 the verification, the treasurer, assistant treasurer and/or candidate officeholder or 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**

STATEMENT OF ORGANIZATION

CALIFORNIA **410**  
FORM

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

RESIDENTS FOR SAFE NEIGHBORHOODS, GREAT SCHOOLS & JOB CREATION, SUPPORTING GIBA FOR CITY COUNCIL DISTRICT 2 IN 2014, MAJOR FUNDING BY HIGHLAND FAIRVIEW

4 of 4

I.D. NUMBER

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