

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # 1372071
 Date qualified as committee 09/29/2014
 Date of Termination _____

CITY CLERK
 MORENO VALLEY
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CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 RESIDENTS FOR SAFE NEIGHBORHOODS, GREAT SCHOOLS & JOB CREATION, SUPPORTING
 AND OPPOSING JACKSON 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 _____ correct.

Executed on 10/29/14 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

**CALIFORNIA
FORM 410**

2 of 3

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

I.D. NUMBER
1372071

- 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

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"/>
COREY JACKSON	City Council Member CITY OF MORENO VALLEY	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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3 of 3

COMMITTEE NAME

RESIDENTS FOR SAFE NEIGHBORHOODS, GREAT SCHOOLS & JOB CREATION, SUPPORTING GIBA AND OPPOSING JACKSON FOR CITY COUNCIL DISTRICT 2 IN 2014, MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

I.D. NUMBER

1372071

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 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.