

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 5

Date of termination
01, 25, 19

Date Stamp
CITY CLERK
MORENO VALLEY
RECEIVED
19 FEB 22 PM 4:34

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) 1404577 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
LEROY HOLT 2018 MORENO VALLEY CITY COUNCIL DISTRICT # 2

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE RIVERSIDE JURISDICTION WHERE COMMITTEE IS ACTIVE MORENO VALLEY

NAME OF TREASURER
RHONDA ESTREIA

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

CITY ALTA LOMA STATE CA ZIP CODE 91701 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement. [REDACTED] contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

Executed on 2-22-2019 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-22-2019 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

LERoy Holt 2018 MORENO VALLEY CITY Council DIST # 2

I.D. NUMBER

1404577

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

US BANK

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
	951-274-4664	[REDACTED]		
ADDRESS	CITY	STATE	ZIP CODE	
5225 CANYON CREST DR UNIT J	RIVERSIDE	CA	92507	

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
LERoy Holt JR	DISTRICT #2 MORENO VALLEY	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

LEROY HOLT 2018 MORENO VALLEY CITY COUNCIL DIST #2

I.D. NUMBER

1704577

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

RAISE MONEY FOR CAMPAIGN

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.

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