Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

For Official Use Only

Statement Type

☐ Initial

☑ Amendment

☐ Termination – See P

○ Not yet qualified
or
○ Date qualified as committee

02 / 24 / 2017
Date qualified as committee

___ / ___ / ___
Date of termination

___ / ___ / ___

1. Committee Information

I.D. Number (if applicable) 1394805

NAME OF COMMITTEE
Cabrera for City Council 2018

STREET ADDRESS (NO P.O. BOX)
█████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moreno Valley	CA	92551	█████

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
█████████████

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside	Moreno Valley

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Ulises cabrera

STREET ADDRESS (NO P.O. BOX)
█████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moreno Valley	CA	92551	█████

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

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 th██████████████████ rrect.

Executed on	05/16/2018	By	█████████████
	DATE		OR ASSISTANT TREASURER
Executed on	05/16/2018	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

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Cabrera for City Council 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank of America	9514857432		

ADDRESS	CITY	STATE	ZIP CODE
25940 Iris Ave	Moreno Valley	CA	92551

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)
Ulises Cabrera	Moreno Valley City Council District 4	2018	✔	☐	
			Nonpartisan	Partisan	(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 ☐
		SUPPORT ☐	OPPOSE ☐

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Statement of Organization
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Cabrera for City Council 2018

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 ☐ Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Friends to help elect Ulises Cabrera for City Council

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.

Clear Page   Print

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