

**Statement of Organization Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or

CITY CLERK  
 MORENO VALLEY  
 RECEIVED

1395588

17 APR 24 PM 3:10  
 List I.D. number: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_  
 Date qualified as committee Date qualified as committee Date of Termination  
 (If applicable)

RECEIVED AND FILED  
 In the Office of the Secretary of State  
 of the State of California  
 MAR 29 2017 REGISTRAR OF VOTERS  
 COUNTY OF RIVERSIDE

DATE STAMP: APR 17 PM 12:19

CALIFORNIA FORM 410  
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**1. Committee Information**

NAME OF COMMITTEE  
 BAKER FOR CITY COUNCIL 2017

STREET ADDRESS (NO P.O. BOX)  
 23519 ORBIT CT  
 CITY MORENO VALLEY STATE CA ZIP CODE 92551 AREA CODE/PHONE [REDACTED]  
 MAILING ADDRESS (IF DIFFERENT)  
 same  
 FAX / E-MAIL ADDRESS [REDACTED]  
 COUNTY OF DOMICILE RIVERSIDE JURISDICTION WHERE COMMITTEE IS ACTIVE MORENO VALLEY, DISTRICT 4

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 DIANE THOMPSON  
 STREET ADDRESS (NO P.O. BOX)  
 23519 ORBIT CT.  
 CITY MORENO VALLEY STATE CA ZIP CODE 92551 AREA CODE/PHONE [REDACTED]  
 NAME OF ASSISTANT TREASURER, IF ANY  
 none  
 STREET ADDRESS (NO P.O. BOX)  
 ---  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 ---  
 NAME OF PRINCIPAL OFFICER(S)  
 JAMES C. BAKER II  
 STREET ADDRESS (NO P.O. BOX)  
 23519 ORBIT CT.  
 CITY MORENO VALLEY STATE CA ZIP CODE 92551 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 03/20/2017 By [REDACTED] SURURER OR ASSISTANT TREASURER  
 Executed on 03/20/2017 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2  
I.D. NUMBER

COMMITTEE NAME  
**BAKER FOR CITY COUNCIL 2017**

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

|  |                 |                     |          |
|--|-----------------|---------------------|----------|
| NAME OF FINANCIAL INSTITUTION<br><b>pending/waiting for fppc #</b> | AREA CODE/PHONE | BANK ACCOUNT NUMBER |          |
| ADDRESS  | CITY            | STATE               | ZIP CODE |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY   |
|--|---|------------------|---|
| <b>JAMES C. BAKER II</b>                               | <b>CITY OF MORENO VALLEY, DISTRICT 4</b>                                  | <b>2017</b>      | <input checked="" type="checkbox"/> Nonpartisan |
|  | <b>COUNCIL MEMBER</b>   |                  | <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<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |