

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Amendment
 Termination - See Part 2

Not yet qualified or
 Date qualification threshold met

Not yet qualified or
 Date qualification threshold met

Not yet qualified or
 Date qualification threshold met

1436959
 CITY CLERK
 MORENO VALLEY
 RECEIPT

CITY CLERK
 MORENO VALLEY
 RECEIVED
 MAR -6 PM 12:53
 2021 MAR 32 AM 9:37
 REGISTRAR OF VOTERS
 COUNTY OF RIVERSIDE

CALIFORNIA
 FORM 410
 RECEIVED AND FILED
 In the office of the Secretary of State
 of the State of California
 MAR 16 2021

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Keri Then for Moreno Valley City Council District 2 2021				NAME OF TREASURER Radene Hiers				STREET ADDRESS (NO P.O. BOX) [REDACTED]					
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Moreno Valley				STATE CA		ZIP CODE 92551		AREA CODE/PHONE [REDACTED]	
CITY Moreno Valley		STATE CA		ZIP CODE 92555		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STATE				ZIP CODE		AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S)	
COUNTY OF DOMICILE Riverside		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Moreno Valley		STREET ADDRESS (NO P.O. BOX)				CITY					
Attach additional information on appropriately labeled continuation sheets.				STATE				ZIP CODE		AREA CODE/PHONE			

3. Verification

I have used all reasonable diligence in preparing this statement and, to 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 information is true and correct.

Executed on 3/4/21 By [REDACTED]
 Executed on 3/4/21 By [REDACTED] TREASURER OR ASSISTANT TREASURER
 Executed on _____ By _____ 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

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COMMITTEE NAME Keri Then for Moreno Valley City Council District 2 2021	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Altura Credit Union	AREA CODE/PHONE 951-571-5613	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 27130 Eucalyptus Ave Suite E	CITY Moreno Valley,	STATE ZIP CODE CA 92555

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		
Keri A. Then	Moreno Valley City Council District 2	2021	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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

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I.D. NUMBER

COMMITTEE NAME

Keri Then for Moreno Valley City Council District 2 2021

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

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 ponent 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.