

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

02 / 10 / 2018
Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

CITY CLERK
MORENO VALLEY
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CALIFORNIA
FORM **410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE CALIFORNIANS FOR HONESTY AND INTEGRITY IN ELECTIONS, OPPOSING THE RECALL OF BACA FOR MORENO VALLEY CITY COUNCIL DISTRICT 1 IN 2018 AND SUPPORTING THE RECALL OF MARQUEZ FOR MORENO VALLEY CITY COUNCIL DISTRICT 3 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW OPERATING CO.

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 _____

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
MARIN	CITY OF MORENO VALLEY

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JAMES W. CARSON
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 _____

NAME OF ASSISTANT TREASURER, IF ANY
JAMES BAROLO
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 _____

NAME OF PRINCIPAL OFFICER(S)
RAFAEL BRUGUERAS
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
MORENO VALLEY CA 92553 _____

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 2/14/2018 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

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COMMITTEE NAME CALIFORNIANS FOR HONESTY AND INTEGRITY IN ELECTIONS, OPPOSING THE RECALL OF BRAD FOR MORENO VALLEY CITY COUNCIL DISTRICT 1 IN 2018 AND SUPPORTING THE RECALL OF MARQUEZ FOR MORENO VALLEY CITY COUNCIL DISTRICT 3 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW OPERATING CO.

I.D. NUMBER
1402060

2a. Additional Officers / Assistant Treasurers

NAME
ANTONIO REZA SR.

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92553	[REDACTED]

NAME
ROBERT HARRIS

MAILING ADDRESS
[REDACTED]

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

NAME
MARSHALL SCOTT

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
RIVERSIDE	CA	92518	[REDACTED]

NAME
GABRIEL COLANGELO

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92553	[REDACTED]

NAME
LEONARDO DANIEL GONZALEZ

MAILING ADDRESS
[REDACTED]

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

NAME
KEOKI KEKAULA

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92553	[REDACTED]

NAME
IDDO BENZEEVI

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92555	[REDACTED]

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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COMMITTEE NAME CALIFORNIANS FOR HONESTY AND INTEGRITY IN ELECTIONS, OPPOSING THE RECALL OF BACA FOR MORENO VALLEY CITY COUNCIL DISTRICT 1 IN 2018 AND SUPPORTING THE RECALL OF MARQUEZ FOR MORENO VALLEY CITY COUNCIL DISTRICT 3 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW OPERATING CO.

- 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) 927-2265	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 504 TAMALPAIS DRIVE	CITY CORTE MADERA	STATE CA	ZIP CODE 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
RECALL OF VICTORIA BACA	City Council Member: City of Moreno Valley District 1		X
RECALL OF DAVID MARQUEZ	City Council Member: City of Moreno Valley District 3	X	

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COMMITTEE NAME CALIFORNIANS FOR HONESTY AND INTEGRITY IN ELECTIONS, OPPOSING THE RECALL OF BACA FOR MORENO VALLEY CITY COUNCIL DISTRICT 1 IN 2018 AND SUPPORTING THE RECALL OF MARQUEZ FOR MORENO VALLEY CITY COUNCIL DISTRICT 3 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW OPERATING CO.

I.D. NUMBER
1402060

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

HIGHLAND FAIRVIEW OPERATING CO.

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.