

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified
 or
 Date qualified as committee 10 / 17 / 2016 12 / 05 / 2018
 Date qualified as committee Date of termination

CITY CLERK
 MORENO VALLEY
 RECEIVED
 18 DEC 10 PM 4:55

**CALIFORNIA
 FORM 410**
 For Official Use Only

1. Committee Information I.D. Number (if applicable) 1391795 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 COMMITTEE FOR ETHICS AND ACCOUNTABILITY IN
 GOVERNMENT, SUPPORTING ULISES CABRERA FOR MORENO VALLEY CITY COUNCIL
 2017, MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

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

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN RAFAEL CA 94901 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 MARIN

NAME OF TREASURER
 JASON D. KAUNE

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

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN RAFAEL CA 94901 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 JAMES W. CARSON

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

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN RAFAEL CA 94901 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
 ANTONIO REZA SR.

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

CITY STATE ZIP CODE AREA CODE/PHONE
 MORENO VALLEY CA 92553 [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 information is true and correct.

Executed on 12/6/2018 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 DATE

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

Page 2 of 4

COMMITTEE NAME

COMMITTEE FOR ETHICS AND ACCOUNTABILITY IN GOVERNMENT, SUPPORTING ULISES CABRERA FOR MORENO VALLEY CITY COUNCIL 2017, MAJOR FUNDING BY HIGHLAND FAIRVIEW OPERATING CO.

I.D. NUMBER

1391795

2a. Additional Officers / Assistant Treasurers

NAME

LEONARDO DANIEL GONZALEZ

MAILING ADDRESS

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

NAME

MARSHALL SCOTT

MAILING ADDRESS

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

NAME

ROBERT HARRIS

MAILING ADDRESS

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

NAME

IDDO BENZEEVI

MAILING ADDRESS

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

NAME

FLORENTINO ARREGUIN

MAILING ADDRESS

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

NAME

GABRIEL COLANGELO

MAILING ADDRESS

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

NAME

KEOKI KEKAULA

MAILING ADDRESS

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

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME
COMMITTEE FOR ETHICS AND ACCOUNTABILITY IN GOVERNMENT, SUPPORTING ULISES CABRERA FOR MORENO VALLEY CITY COUNCIL
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I.D. NUMBER
1391795

- 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) 927-8902	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." 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	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
ULISES CABRERA	City Council Member: CITY OF MORENO VALLEY District 4	X	
		SUPPORT	OPPOSE

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I.D. NUMBER
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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

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	AREA CODE/PHONE
14225 CORPORATE WAY		MORENO VALLEY	CA	92553	(951) 867-5327

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.