| 10 340 | | CITY CLER MORENO VAL | K & | | | | | | |
|---|------------------------------------|-----------------------------------|---|--|------------|-----------------------------|--|--|--|
| Recipient Committee | | | | Date Stamp 1 1 2 | FO | ORNIA 410 | | | |
| Statement Type | ☐ Initial ○ Not yet qualified | ☑ Amendment | Termination – See Part 5 | RECEIVED AND Fin the office of the State of California | | For Official Use Only | | | |
| | O Date qualification threshold met | Date qualification threshold met | Date of termination | MAY 14 2021 | ADIENO | | | | |
| | | 05 , 07 , 2021 | | MM1 14 2021 | | | | | |
| 1. Committee | Information I.D. Numbe | | 2. Treasurer and | Other Principal Officers | | SALE OF THE SALE OF | | | |
| NAME OF COMMITTEE | (т) оружиле) | | NAME OF TREASURER | | | ROTES OF LABOUR 11 CALCALLE | | | |
| Committee to El | ect Angel Lopez-Ramirez For C | ty Council 2021 | Robert F Rego | Robert F Rego | | | | | |
| | | STREET ADDRESS (NO P.O. BOX) | | | | | | | |
| | | | | | | | | | |
| STREET ADDRESS (NO P.O. | BOX) | | CITY | STATE | ZIP CODE | AREA CODE/PHONE | | | |
| | | | Grand Terrace | CA | 92313 | | | | |
| Grand Terrace | | ODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER | R, IF ANY | | | | | |
| FULL MAILING ADDRESS (I | | | STREET ADDRESS (NO P.O. BOX) | | | | | | |
| E-MAIL ADDRESS {REQUIR | ED) / FAX {OPTIONAL} | | СІТУ | STATE | ZIP CODE | AREA CODE/PHONE | | | |
| COUNTY OF DOMICILE | JURISDICTION WHERE CO. | MMITTEE IS ACTIVE | NAME OF PRINCIPAL OFFICER(S) | | | | | | |
| Riverside | City of Moreno | /alley | Angel E Lopez-Rami | irez | | | | | |
| | • | | STREET ADDRESS (NO P.O. BOX) | | | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE | | | |
| Picture additional | пиропписон он арргориисту п | ibeled continuation sheets. | Moreno Valley | CA | 92557 | | | | |
| 3. Verification | | | | | 45 40 | 。 中国的中国 10 | | | |
| I have used all re | asonable diligence in preparing | this statement and to the best | of my knowledge the informa | tion contained herein is true | and comple | ete. I certify under | | | |
| penalty of perjur | y under the laws of the State of | California short the formation in | e and correct. | | | | | | |
| Executed on | 17/2021 By | | | | | | | | |
| SSISTANT TREASURER | | | | | | | | | |
| Executed on | DATE BY | | DIDATE, OR STATE | MEASURE PROPONENT | | | | | |
| Executed on | Py | | | | | | | | |
| | DATE | SIGNATURE OF CONTROL | LLING OFFICEHOLDER, CANDIDATE, OR STATE | MEASURE PROPONENT | | | | | |
| Executed on | DATE By | SIGNATURE OF CONTRO | LLING OFFICEHOLDER, CANDIDATE, OR STATE | MEASURE PROPONENT | | | | | |

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

| Statement of Organization Recipient Committee | | | | | Harrison Co. C. | ORNIA 410 | | |
|---|--|------------------------|---------------------|--------------------|---|------------------------------|--|--|
| NSTRUCTIONS ON REVERSE | | | | | Page 2 | | | |
| COMMITTEE NAME | I.D. NUMBER | | | | | | | |
| Committee to Elect Angel Lopez-Ramirez For City Council 2021 | | | | | 1438177 | | | |
| All committees must list the financial institution where the ca | ampaign bank account is located. | | | | | | | |
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOU | INT NUMBER | | | | | |
| Wells Fargo | 909-384-4805 | | | | | | | |
| ADDRESS | CITY . | STATE | ZII | CODE | | | | |
| 334 W 3rd Street | San Bernardino | CA | 9 | 92401 | | | | |
| 4. Type of Committee Complete the applicable sections | | | | | | | | |
| Controlled Committee | | | | | | | | |
| List the name of each controlling officeholder, candidate, or st also list the elective office sought or held, and district number, | | | controlled | , | | | | |
| • 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 | ee, list the name and identification | number of the ot | ner control | ed committe | e. | | | |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | | YEAR OF ELECTION | PARTY CHECK ONE | | | | |
| Angel E Lopez-Ramirez | City Councilmember District | 2 | 2021 | Nonpartisan | Partisan | (list political party below) | | |
| | | | | Nonpartisan | Partisan | (list political party below) | | |
| Primarily Formed Committee Primarily formed to support or | oppose specific candidates or me | asures in a single el | ection. List | below: | | | | |
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR U IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME | | (S) OFFICE SOUGHT OR H | | | ON | CHECK ONE | | |

CHECK ONE

OPPOSE

OPPOSE

SUPPORT

SUPPORT

| Statement of Organization Recipient Committee | CALIFORNIA 410 |
|---|-------------------------|
| COMMITTEE NAME | Page 3 |
| Committee to Elect Angel Lopez-Ramirez For City Council 2021 | LD. NUMBER |
| 4. Type of Committee (Continued) | 1438177 |
| Not formed to support or oppose specific candidates or measures in a single election. Check onl ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ROUDE BRIEF DESCRIPTION OF ACTIVITY | |
| | |
| Sponsored Committee List additional sponsors on an attachment. | |
| IAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR | |
| STREET ADDRESS NO. AND STREET | |
| | IP CODE AREA CODE/PHONE |
| Small Contributor Committee | |
| 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or poperly certifive | |

- 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.