

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
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Date Stamp
21 JUL 13 AM 9:01

**CALIFORNIA
FORM 410**
 For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number <small>(if applicable)</small> NAME OF COMMITTEE Ed Delgado for Moreno Valley City Council 2021 - 2nd District STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE Riverside CA 92503 _____ FULL MAILING ADDRESS (IF DIFFERENT) _____ E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) _____ COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Riverside _____	NAME OF TREASURER Dana Hopkins, CPA STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE Riverside CA 92503 _____ NAME OF ASSISTANT TREASURER, IF ANY _____ STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE _____ NAME OF PRINCIPAL OFFICER(S) _____ STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE _____
<i>Attach additional information on appropriately labeled continuation sheets.</i>	

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 provided is true and correct.

Executed on	<u>06/30/21</u>	By	
	<small>DATE</small>		<small>ASST. TREASURER</small>
Executed on	<u>06/30/21</u>	By	
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

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COMMITTEE NAME Ed Delgado for Moreno Valley City Council 2021 - 2nd District	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 Provident Bank	AREA CODE/PHONE (951)781-8080	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 5050 Canyon Crest Dr #86	CITY Riverside	STATE ZIP CODE CA 92507

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		
Mr. Edward (Ed) Delgado	City Councilman, 2nd District	2021	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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

Ed Delgado for Moreno Valley City Council 2021 - 2nd District

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.