

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  
or

Date qualification threshold met

Amendment

Date qualification threshold met

10 / 25 / 2018

Termination - See Part 5

Date of termination

CITY CLERK  
MORENO VALLEY  
RECEIVED  
20 OCT -5 PM 12:30

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

**I.D. Number**  
(if applicable)

1413430

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE... (SEE ATTACHED FOR FULL NAME)

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

JASON D. KAUNE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN RAFAEL CA 94901

NAME OF PRINCIPAL OFFICER(S)

SANTIAGO HERNANDEZ

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MORENO VALLEY CA 92551

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN RAFAEL CA 94901

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

MARIN

JURISDICTION WHERE COMMITTEE IS ACTIVE

MORENO VALLEY

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 foregoing is true and correct.

Executed on 9/25/2020  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING 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**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

1413430

CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE... (SEE ATTACHED FOR FULL NAME)

**2a. Additional Officers / Assistant Treasurers**

NAME  
SANDRA MURPHY

MAILING ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MORENO VALLEY	CA	92551	[REDACTED]

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE... (SEE ATTACHED FOR FULL NAME)	I.D. NUMBER 1413430
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• 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

**A. 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		(list political party below)
			Nonpartisan	Partisan	

**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
YXSTIAN GUTIERREZ	Mayor City of Moreno Valley	X	
VICTORIA BACA	City Council Member City of Moreno Valley District 1	X	



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE... (SEE ATTACHED FOR FULL NAME)

I.D. NUMBER

1412430

**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

HIGHLAND FAIRVIEW OPERATING COMPANY

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

LOGISTICS FACILITY BUILDER/DEVELOPER

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

14225 CORPORATE WAY

MORENO VALLEY

CA

92553

(951) 867-5300

**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.

**Additional Comments  
For Form 410**

<b>ADDITIONAL COMMENTS</b>	
<b>CALIFORNIA FORM</b>	<b>410</b>
Page <u>6</u>	of <u>6</u>
<b>I.D. NUMBER</b>	
1413430	

**COMMITTEE NAME**

CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE... (SEE ATTACHED FOR FULL NAME)

FULL COMMITTEE NAME: CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE; SUPPORTING GUTIERREZ FOR MORENO VALLEY MAYOR, BACA FOR CITY COUNCIL DISTRICT 1, AND BRUGUERAS FOR CITY COUNCIL DISTRICT 3 IN 2020; COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW OPERATING CO.