

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 10 / 25 / 2018	Date of termination ____ / ____ / ____

CITY CLERK  
MORENO VALLEY CALIFORNIA  
RECEIVED FORM **410**

Date Stamp  
20 JUN 30 PM 4:09

For Official Use Only

<b>1. Committee Information</b>	I.D. Number (if applicable) 1413430	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE, SUPPORTING THORNTON AND HOLT FOR MORENO VALLEY CITY COUNCIL DISTRICT 2 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW

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

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

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

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

COUNTY OF DOMICILE MARIN	JURISDICTION WHERE COMMITTEE IS ACTIVE MORENO VALLEY
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NAME OF TREASURER  
JAMES W. CARSON

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  
JASON D. KAUNE

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

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

NAME OF PRINCIPAL OFFICER(S)  
SANTIAGO HERNANDEZ

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

CITY STATE ZIP CODE AREA CODE/PHONE  
MORENO VALLEY CA 92551 [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 foregoing is true and correct.

Executed on	6/18/2020	By	[REDACTED]
	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

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  
CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE, SUPPORTING THORNTON AND HOLT FOR MORENO VALLEY CITY COUNCIL DISTRICT 2 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW

I.D. NUMBER  
1413430

**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

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

NAME  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
CALIFORNIA COALITION FOR JOBS, PROSPERITY, AND ENVIRONMENTAL JUSTICE, SUPPORTING THORNTON AND HOLT FOR MORENO VALLEY CITY  
COUNCIL DISTRICT 2 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW

I.D. NUMBER  
1413430

- 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." 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		
			Nonpartisan	Partisan	(list political party below)
			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
CARLA THORNTON	City Council Member City of Moreno Valley District 2	X	
LEROY HOLT	City Council Member City of Moreno Valley District 2	X	

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COUNCIL DISTRICT 2 IN 2018, COMMITTEE MAJOR FUNDING FROM HIGHLAND FAIRVIEW

I.D. NUMBER  
1413430

**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 COMPANY		LOGISTICS FACILITY BUILDER/DEVELOPER			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		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.