Statement of C	_			Date Stamp	CALIFORNIA FORM	410	
•	☑ Initial	☐ Amendment	☐ Termination – See Part 5		For Official Us	e Only	
	Not yet qualified						*1
	or O Date qualification threshold met	Date qualification threshold met	Date of termination		MOR	ENO VALLE 24 AUG 9	Y CLERK
					4	4 100 5	maive
		//			THE RESIDENCE OF THE PARTY OF T		
1. Committee I	nformation I.D. Number	Pending	2. Treasurer and O	ther Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER				
Hector Diaz for Mayor 2024			Robert F. Rego]
			STREET ADDRESS (NO P.O. BOX)		STATE	ZIP CODE	
				Grand Terr	ace CA	92313	
			EMAIL ADDRESS OF TREASURES	R (REQUIRED)	AREA COI	DE/PHONE	1
STREET ADDRESS (NO P.O	. BOX)						
			NAME OF ASSISTANT TREASURI	ER, IF ANY			1
CITY	STATE	ZIP CODE AREA CODE/PHONE					
Grand Terrace	CA	92313	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	İ
FULL MAILING ADDRESS	(IF DIFFERENT)						
			EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CO	DE/PHONE	1
E-MAIL ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)						
			NAME OF PRINCIPAL OFFICER(S	5)			1
COUNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE	Hector Diaz				
Riverside	City of Moreno V	/alley	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	1
				Moreno Va		92551	
			EMAIL ADDRESS OF PRINCIPAL			DE/PHONE	1
Attach additional in	nformation on appropriately lab	eled continuation sheets.		,			
	niver a la company de la la company de la co	HORSE OF THE OWN	Control of the Contro	DISTRICT CHARGES INC. L.	THE RESERVE OF THE PERSON NAMED IN	400	
3. Verification							
I have used all reas	sonable diligence in preparing th	is statement and to the hest	of my knowledge the informatio	on contained herein is true and	complete Logitify	ınder	
	under the laws of the State of Ca			on contained herein is true and	complete. Teertify	under	
penalty or perjury	1912 4	and the the foregoing is	side dila confect.				
Executed on	Ву		SSISTANT TREASURER				
	2-9-2-4		SSISTANT TREASURER				
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OFFICENCIDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT			
Foresited 6	_						
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT			
Executed on	By						
Executed off	DATE	SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	FDDC F 240	10-1-1-12000	

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization **CALIFORNIA Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Hector Diaz for Mayor 2024 Pending All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS AREA CODE/PHONE BANK ACCOUNT NUMBER Wells Fargo/ Hector Diaz **TBD** 909-384-4805 ADDRESS OF FINANCIAL INSTITUTION CITY STATE ZIP CODE 334 West 3rd Street San Bernardino CA 92401 4. Type of Committee Complete the applicable sections.

Controlled Committee

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

- 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.

	y							
Hector Diaz	Mayor of Moreno Valley		2024	Nonpartisan	Partisan	(list political par	(list political party below)	
				₩				
				Nonpartisan	Partisan	(list political par	ty below)	
	1							
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	
						SUPPORT	OPPOSE	

ELECTIVE OFFICE SOUGHT OR HELD

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF

ELECTION

PARTY

CHECK ONE

Statement of Organization Recipient Committee					CALIFORNIA 410		
NSTRUCTIONS ON REVERSE						Page 3	
COMMITTEE NAME Hector Diaz for Mayor 2024					21	I.D. NUMBER Pending	
4. Type of Committee (Continued)	在19 00年8月1日		四世前 学,四年6.6				
General Purpose Committee Not formed ☐ CITY Co			ndidates or measures in a UNTY Committee	single election. C	•	:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
Sponsored Committee List additional sp	onsors on an attachmer	nt.					
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION	OF SPONSOR			
STREET ADDRESS NO. AND STREET		CITY		STATE	ZIP CODE	AREA CODE/PI	HONE
Small Contributor Committee							
5. Termination Requirements	Date qualified		sistant treasurer and/or candida	a affinahatalan an		h e B D i	or Parision of the

- 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.