

COPY

Statement of Organization Recipient Committee

Statement Type

Initial [X] Amendment [] Termination [X]
Not yet qualified []
Date qualification threshold met [X]
04 / 22 / 2016
Date of termination 06 / 30 / 2019

DATE STAMP: 20 FEB 20 2 28 PM
RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA
JAN 31 2020
CALIFORNIA FORM 410
REGISTRAR OF VOTERS COUNTY OF RIVERSIDE

1. Committee Information I.D. Number 1387813

NAME OF COMMITTEE: Dr. Gutierrez for Mayor 2016
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: Moreno Valley STATE: CA ZIP CODE: 92551
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): [REDACTED] Long Beach, CA 90802
COUNTY OF DOMICILE: Riverside JURISDICTION WHERE COMMITTEE IS ACTIVE: [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Gary Crummitt
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: Long Beach STATE: CA ZIP CODE: 90802
NAME OF ASSISTANT TREASURER, IF ANY: Yxstian Gutierrez
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: Moreno Valley STATE: CA ZIP CODE: 92551
NAME OF PRINCIPAL OFFICER(S): [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to 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 is true and correct.

Executed on 7/17/2019 By [REDACTED]
Executed on 7/17/2019 By [REDACTED]
Executed on [REDACTED] By [REDACTED]
Executed on [REDACTED] By [REDACTED]

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Dr. Gutierrez for Mayor 2016

I.D. NUMBER

1387813

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
California Bank & Trust	(213) 228-1700	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE
550 S. Hope St., #100	Los Angeles	CA	90071

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		(list political party below)
			Nonpartisan	Partisan	
Yxstian Gutierrez	Mayor: Moreno Valley		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Dr. Gutierrez for Mayor 2016

I.D. NUMBER

1387813

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 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.