

COPY

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified

Date qualified as committee

Amendment

07 / 25 / 2018
Date qualified as committee

Termination - See Part 5

____ / ____ / ____
Date of termination

CALIFORNIA 410
FORM

For Official Use Only

Date Stamp
RECEIVED

AUG 02 2018
CITY CLERK'S OFFICE
CITY OF PERRIS

1. Committee Information

NAME OF COMMITTEE

Raul M. Ruiz for Perris City Council 2018

I.D. Number
(if applicable)

1406657

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Richard A. Teaman

STREET ADDRESS (NO P.O. BOX)

████████████████████

STREET ADDRESS (NO P.O. BOX)

████████████████████

CITY

████████████████████

MAILING ADDRESS (IF DIFFERENT)

████████████████████

████████████████████

COUNTY OF DOMICILE

Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Perris

AREA CODE/PHONE

ZIP CODE

STATE

██████████

AREA CODE/PHONE

ZIP CODE

STATE

██████████

NAME OF ASSISTANT TREASURER, IF ANY

Javier Carrillo

STREET ADDRESS (NO P.O. BOX)

████████████████████

CITY

████████████████████

AREA CODE/PHONE

ZIP CODE

STATE

██████████

NAME OF PRINCIPAL OFFICER(S)

████████████████████

STREET ADDRESS (NO P.O. BOX)

████████████████████

CITY

████████████████████

AREA CODE/PHONE

ZIP CODE

STATE

██████████

████████████████████

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and 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 contained herein is true and complete.

Executed on 7/25/2018

By _____

Executed on 7/25/2018

By _____

Executed on _____

By _____

Executed on _____

By _____

TREASURER

OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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COMMITTEE NAME

Raul M. Ruiz for Perris City Council 2018

I.D. NUMBER

1406657

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

NAME OF FINANCIAL INSTITUTION

Provident Bank

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

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	Nonpartisan	Partisan	CHECK ONE	PARTY
			<input type="checkbox"/>	<input type="checkbox"/>		(list political party below)
Raul M. Ruiz	City Council Member	2018	<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)

	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

Raul M. Ruiz for Perris City Council 2018

4. Type of Committee (Continued)

I.D. NUMBER

1406657

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 Political Party/Central 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.

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