Amending the report to update the committee name and election year. Statement of Organization Date Stamp CALIFORNIA **Recipient Committee** RECEIVED AND FILED FORM Statement Type ☐ Initial ✓ Amendment Termination - See Part the office of the Secretary of State For Official Use Only of the State of California O Not yet qualified FEB 01 2022 O Date qualification threshold met Date qualification threshold met Date of termination 1. Committee Information I.D. Number 1439483 2. Treasurer and Other Principal Officers NAME OF COMMITTEE NAME OF TREASURER Ed Delgado for Moreno Valley City Council 2022 - 2nd District Dana Hopkins, CPA STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX CITY STATE ZIP CODE Riverside CA 92503 CITY STATE ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY Riverside CA 92503 FULL MAILING ADDRESS (IF DIFFERENT) STREET ADDRESS (NO P.O. BOX) E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) STATE ZIP CODE AREA CODE/PHONE laurieedward@verizon.net COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S) Riverside STREET ADDRESS (NO P.O. BOX) Attach additional information on appropriately labeled continuation sheets. CITY ZIP CODE AREA CODE/PHONE 3. Verification I have used all reasonable diligence in pre ge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the S OR ASSISTANT TREASURER Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee							ORNIA Z	110	
INSTRUCTIONS ON REVERSE						Page 2	2 2 2 2 2		
COMMITTEE NAME Fed Delegade for Manage Walley City Committee and 1 Division 1						I.D. NUMBER			
Ed Delgado for Moreno Valley City Council 2022 - 2nd District						1439483			
All committees must list the financial institution where the campaign bank account is located.									
NAME OF FINANCIAL INSTITUTION	AREA C	CODE/PHONE	BANK ACCOU	UNT NUMBER					
Provident Bank			de la companya de la						
ADDRESS	CITY		STATE	Z	IP CODE				
5050 Canyon Crest Dr #86	Rive	erside	CA		92507				
4. Type of Committee Complete the applicable sections.	4 100			1000	THE REAL PROPERTY.	61 Sp Sc)		also the said	
Controlled Committee									
 List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, in 	te measure f any, and	e proponent. If candida the year of the election	ate or officeholder	controlled	i,				
 List the political party with which each officeholder or candidate 	e is affiliate	ed or check "nonpartisa	n." Stating "No pa	arty prefere	ence" is acce	otable			
If this committee acts jointly with another controlled committee									
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			PAR' CHECK				
Mr. Edward (Ed) Delgado	City Co	City Councilman, 2nd District			Nonpartisan	Partisan (list political party below)			
					Nonpartisan	Partisan	(list political pa	rty below)	
Primarily Formed Committee Primarily formed to support or or	opose spec	cific candidates or meas	ures in a single ele	ection. List	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)					ON	4			
					TEICHBLE!	-	SUPPORT	OPPOSE	
							SUPPORT	OPPOSE	

Statement of Organization	
Recipient Committee INSTRUCTIONS ON REVERSE	FORM 410
COMMITTEE NAME	Page 3
Ed Delgado for Moreno Valley City Council 2022 - 2nd District	I.D. NUMBER
4. Type of Committee (Continued)	1439483
CITY Committee	ox:
THE SECOND HONOR 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 ponent certify that all of	the following conditions have been met
 This committee has ceased to receive contributions and make expenditures; 	The state of the s

- · 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.