

**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 08 / 29 / 2022	Date of termination _____/_____/_____

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

22 SEP 13 PM 3: 57

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE GREG KUSTER FOR MORENO VALLEY CITY COUNCIL 2022 - DISTRICT 4				NAME OF TREASURER LINDA KUSTER			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY MORENO VALLEY	STATE CA	ZIP CODE 92555	AREA CODE/PHONE [REDACTED]	CITY MORENO VALLEY	STATE CA	ZIP CODE 92555	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE RIVERSIDE				JURISDICTION WHERE COMMITTEE IS ACTIVE MORENO VALLEY			
[REDACTED]				NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE			

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 [REDACTED]

Executed on 9-22-22 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-2-22 By [REDACTED]
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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME GREG KUSTER FOR MORENO VALLEY CITY COUNCIL 2022 - DISTRICT 4	I.D. NUMBER 1451786
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION PROVIDENT BANK	AREA CODE/PHONE 951-242-3149	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 12460 HEACOCK ST	CITY MORENO VALLEY	STATE CA	ZIP CODE 92553

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
GREGORY (GREG) KUSTER	CITY COUNCIL DISTRICT 4	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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
		SUPPORT	OPPOSE

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
GREG KUSTER FOR MORENO VALLEY CITY COUNCIL 2022 - DISTRICT 4

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 ponent 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.