

133  
**Statement of Organization  
 Recipient Committee**

CITY CLERK  
 MORENO VALLEY  
 RECEIVED  
 1387813

**Statement Type**     **Initial**     **Amendment**     **Termination - See Part 5**  
 Not yet qualified    List I.D. number:    List I.D. number:  
 # \_\_\_\_\_    # \_\_\_\_\_  
 04 / 22 / 2016    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date qualified as committee    Date qualified as committee (if applicable)    Date of Termination

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State of the State of California  
**AUG 01 2016**  
 Hand Delivered, Sacramento

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
 Dr. Gutierrez for Mayor 2016  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Moreno Valley CA 92551 \_\_\_\_\_  
 MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_  
 FAX / E-MAIL ADDRESS  
 \_\_\_\_\_  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Riverside \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Gary Crummitt  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Long Beach CA 90802 \_\_\_\_\_  
 NAME OF ASSISTANT TREASURER, IF ANY  
 \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_  
 NAME OF PRINCIPAL OFFICER(S)  
 \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

Attach additional information on appropriately labeled continuation sheets.

**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 State of California that the foregoing is true and correct.

Executed on 7/18/2016 By \_\_\_\_\_  
 DATE  
 Executed on 7/18/2016 By \_\_\_\_\_  
 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

RECEIVED  
 16 AUG -8 AM 11:01  
 CLERK OF VOTERS  
 COUNTY OF RIVERSIDE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Dr. Gutierrez for Mayor 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 550 S. Hope St., #100	CITY Los Angeles	STATE CA	ZIP CODE 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."
- 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
Yxstian Gutierrez	Mayor: Moreno Valley	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Dr. Gutierrez for Mayor 2016

**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

**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.