

**Statement of Organization
Recipient Committee**

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CITY
OF CHINO

**CALIFORNIA
FORM 410**

For Official Use Only

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	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	1 / 20 / 2018	

MAY 22 2019
City Clerk,
Deputy City Clerk,

1. Committee Information I.D. Number (if applicable) 1400072 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Rodriguez for City Council, District 1, 2020

STREET ADDRESS (NO P.O. BOX)
13220 Central Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino	CA	91710	909519.2777

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
par913@me.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Bernardino	Chino

NAME OF TREASURER
Doreen M. Rodriguez

STREET ADDRESS (NO P.O. BOX)
5031 Independence Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino	CA	91710	909.519.2777

NAME OF ASSISTANT TREASURER, IF ANY
Ruben Porras

STREET ADDRESS (NO P.O. BOX)
5426 Riverside Dr # B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino	CA	91710	909.464.9783

NAME OF PRINCIPAL OFFICER(S)
Paul A. Rodriguez & Doreen M. Rodriguez


STREET ADDRESS (NO P.O. BOX)
5031 Independence Street


CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chino	CA	91710	909.519.2777

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 May 20, 2019 By  TREASURER

Executed on May 20, 2019 By  STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Rodriguez for City Council, District 1, 2020	I.D. NUMBER 1400072
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 909.865.2424	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 12747 Central Ave.	CITY Chino	STATE CA	ZIP CODE 91710

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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Paul A. Rodriguez	City Councilmember District 1	2020	<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"/>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Rodriguez for City Council, District 1, 2020

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.