

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified

or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

7 / 25 / 2026

☐ Termination - See Part 5

2025 OCT 16 AM 9:17
THE REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE
Date of termination

Date Stamp

DIGITALLY
RECEIVED AND FILED
in the office of the California
Secretary of State
SEP 14 2026

CALIFORNIA
FORM

410

For Official Use Only

MORENO VALLEY CLERK
2025 OCT 27 AM 8:55

33

1. Committee Information

I.D. Number 1492727-1492797
(if applicable)

NAME OF COMMITTEE

JoAnn Martinez Stephan, Moreno Valley City Council, District 2, 2026

STREET ADDRESS (NO P.O. BOX)

CITY
Moreno Valley

STATE
CA

ZIP CODE
92557

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE
Moreno Valley

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tatiana Rugamas

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

3. Verification

I have used all reasonable diligence in preparing and reviewing this statement, and I have reviewed 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.

For treasurers and assistant treasurers: By checking the box next to my signature, I acknowledge under penalty of perjury that I must comply with all applicable duties stated in this title and the regulations of the Code of Regulations, and that failure to do so could result in criminal, civil, or administrative penalties.

Executed on 9/14/2026

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

☒ I have acknowledged my duties on 9/14/2026

DATE

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

☐ I have acknowledged my duties on

DATE

Executed on 9/14/2026

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

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COMMITTEE NAME JoAnn Martinez Stephan, Moreno Valley City Council, District 2, 2026	I.D. NUMBER 1492727
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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 800/442-5201	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 3756 Central Avenue Riverside CA 92506		

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

JoAnn Martinez Stephan	Moreno Valley City Council, District 2	2026	✓	(list political party below)
				(list political party below)

Primarily Formed Committee

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.

		CHECK ONE	
		SUPPORT	OPPOSE

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COMMITTEE NAME

JoAnn Martinez Stephan, Moreno Valley City Council, District 2, 2026

I.D. NUMBER

1492727

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.