

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>Amendment</b>	<input type="checkbox"/> <b>Termination – See Part 5</b>
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	01/30/2025 <i>G.P</i>

Date Stamp

E-Filed  
01/30/2025  
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**CALIFORNIA FORM 410**

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**MORENO VALLEY CLERK**  
**'25 JAN 30** PM4:59

1. Committee Information				I.D. Number (if applicable) 1474156				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER				Zenda Lewis			
Zenda y. Lewis				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE			
[REDACTED]				[REDACTED]				Moreno Valley CA 92555			
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE			
[REDACTED]				[REDACTED]				[REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE				NAME OF ASSISTANT TREASURER, IF ANY							
Moreno Valley CA 92555 [REDACTED]											
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				AREA CODE/PHONE			
[REDACTED]											
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)							
Riverside		Moreno Valley									
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE			
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				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 State of California that the foregoing is true and correct.

Executed on 1/30/2025 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/2025 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR 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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Zenda y. Lewis	I.D. NUMBER 1474156
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS US Bank Zenda Lewis, Keith Lewis	AREA CODE/PHONE (800) 872-2657	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 800 Nicollet Mall	CITY Minneapolis	STATE MN	ZIP CODE 55402
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**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		
Zenda Lewis	City Council Member: City of Moreno Valley District 3		Nonpartisan	Partisan	(list political party below)
			X		
			Nonpartisan	Partisan	(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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Zenda y. Lewis

I.D. NUMBER

1474156

**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

City Council Member, Moreno Valley, District 3.

**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.