

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination -- See Part 5
 Not yet qualified or List I.D. number: # 1395564
 _____/_____/_____ Date qualified as committee 04/14/2017 (if applicable) _____/_____/_____ Date of Termination

CITY CLERK
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1. Committee Information

NAME OF COMMITTEE
 Cheylynda Barnard for City Council 2017

STREET ADDRESS (NO P.O. BOX)
 24628 Constellation Way

CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92551 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
 [REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Riverside Moreno Valleu

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Jeovauntay Jones

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92551 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 Cheylynda Barnard

STREET ADDRESS (NO P.O. BOX)
 24628 Constellation Wy

CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92551 [REDACTED]

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 4/24/17 By [REDACTED] TREASURER
 Executed on 4/24/17 By [REDACTED] NATURE 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
Cheylynda Barnard for City Council 2017

I.D. NUMBER
1395564

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

| | | |
|--|----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION Altura Credit Union | AREA CODE/PHONE (888)883-7258 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS 23540 Cactus Ave | 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."
- 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 |
|--|---|------------------|---|
| Cheylynda Barnard | City Council District 4 | 2017 | <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 |
| Cheylynda Barnard | City Council District 4 Moreno Valley | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |