

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 21 / 2021

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of the State of California  
**DEC 30 2021**

**CALIFORNIA FORM 410**  
For Official Use Only  
JAN 20 10 40 AM '22

1. Committee Information				I.D. Number 1437835 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Matthew Chen for Moreno Valley City Council District 2-2021</b>				NAME OF TREASURER <b>Matthew Chen</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Moreno Valley</b>		STATE <b>CA</b>		ZIP CODE <b>92557</b>		AREA CODE/PHONE [REDACTED]	
CITY <b>Moreno Valley</b>		STATE <b>CA</b>		ZIP CODE <b>92557</b>		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>mchen2525@gmail.com</b>				CITY STATE ZIP CODE AREA CODE/PHONE				NAME OF PRINCIPAL OFFICER(S)			
COUNTY OF DOMICILE <b>Riverside</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Moreno Valley, CA</b>		STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.								CITY STATE ZIP CODE AREA CODE/PHONE			

CITY CLERK  
MORNO VALLEY  
JAN 20 10 40 AM '22

**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	<u>12/21/2021</u>	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	<u>12/21/2021</u>	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER  
1437835

COMMITTEE NAME  
Matthew Chen for Moreno Valley City Council District 2-2021

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

NAME OF FINANCIAL INSTITUTION  
Pacific Premier Bank

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

[REDACTED]

CITY

Riverside

STATE

CA

ZIP CODE

9250

**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		
Matthew Chen	Moreno Valley City Council District 2	2021	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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