

Statement of Organization
Recipient Committee

P33 1444629

MAR 14 2022

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 08 2022

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

01/18/22

Amendment

Date qualification threshold met

02/08/22

Termination - See Part 5

Date of termination

1. Committee Information

I.D. Number
(If applicable)

NAME OF COMMITTEE

Ramos for City Council 2022

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Rene R Ramos

STREET ADDRESS (NO P.O. BOX)

Moreno Valley

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

Moreno Valley

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Riverside

Moreno Valley, Ca

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 information contained herein is true and complete.

Executed on 1/18/2022

DATE

By

Executed on 1/18/2022

DATE

By

ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

RECEIVED

Page 2

COMMITTEE NAME: Ramos For City Council 2022 MAR 21 PM 12:36 2022
 I.D. NUMBER: 1444629

All committees must list the financial institution where the campaign bank account is located. REGISTRAR OF VOTERS COUNTY OF RIVERSIDE

NAME OF FINANCIAL INSTITUTION: Altura Credit Union AREA CODE/PHONE: [REDACTED] BANK ACCOUNT NUMBER: [REDACTED]
 ADDRESS: [REDACTED] STATE: [REDACTED] ZIP CODE: Moreno Valley Ca 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." 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		
<u>Rose R Ramos</u>	<u>City Council DIST 1</u>	<u>2022</u>	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/>		
			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