

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 ● Not yet qualified or
 ○ Date qualified as committee _____

CITY CLERK
Date Stamp
MORENO VALLEY
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CALIFORNIA FORM 410
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1. Committee Information **I.D. Number** (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Cheylynda Barnard For City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92551

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER
Jeovauntay Jones

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92551

NAME OF ASSISTANT TREASURER, IF ANY
Cheylynda Barnard

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92551

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 information is correct.

Executed on 01/19/2021 By _____
DATE TREASURER OR ASSISTANT TREASURER

Executed on 01/19/2021 By _____
DATE OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT