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MORENO VALLEY CLERK  
2026 MAR 20 AM 7:10

Statement of Organization  
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

THE REGISTRAR OF VOTERS  
COURT OF RIVERSIDE

Termination - See Part 5

Date of termination  
03 / 02 / 2026

**1. Committee Information** I.D. Number (if applicable) 1436213

NAME OF COMMITTEE  
**Cheylynda Barnard for City Council 2022**

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

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

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Riverside Moreno Valley**

*Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Jeovauntay Jones**

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED] **Moreno Valley CA 92551**

EMAIL ADDRESS OF TREASURER (REQUIRED)  
[REDACTED] AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)  
[REDACTED] AREA CODE/PHONE [REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
[REDACTED]

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  
[REDACTED] AREA CODE/PHONE [REDACTED]

**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 03/02/2026 By [REDACTED]

Executed on 03/02/2026 By [REDACTED] ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ DATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT