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CALIFORNIA
FORM 410
REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE
DEC 10 2020

LED

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____ / _____ / _____
Date qualified as committee _____ / _____ / _____
Date of termination 12 / 08 / 2018

1. Committee Information		I.D. Number (if applicable) 1395564	
NAME OF COMMITTEE Cheylynda Barnard For City Council 2018			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Moreno Valley	STATE CA	ZIP CODE 92551	AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE	

2. Treasurer and Other Principal Officers			
NAME OF TREASURER Jeovauntay Jones			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Moreno Valley	STATE CA	ZIP CODE 92551	AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY Cheylynda Barnard			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Moreno Valley	STATE CA	ZIP CODE 92551	AREA CODE/PHONE [REDACTED]
NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
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 01/31/2019 By [REDACTED]
 Executed on 01/31/2019 By [REDACTED]
 Executed on _____ By [REDACTED]
 Executed on _____ By [REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____/_____/_____
 Date qualified as committee _____/_____/_____

12 / 08 / 2018
Date of termination

CITY CLERK
MORENO VALLEY
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21 JAN 1 11:32 AM '20

RECEIVED AND FILED CALIFORNIA FORM 410
 in the office of the Secretary of State of the State of California
 For Official Use Only
 DEC 10 2020

1. Committee Information

I.D. Number (if applicable) 1395564

NAME OF COMMITTEE
Cheylynda Barnard For City Council 2018

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

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

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
[REDACTED]

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)
[REDACTED]

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

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

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 is true and complete.

Executed on 01/31/2019 By [REDACTED] TREASURER OR ASSISTANT TREASURER
 Executed on 01/31/2019 By [REDACTED] MEMBER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT