		CITY CLERK	N Prince Of	CONTROL DE LOS	RECEIV	
Statement of Organization		BECEMET	MURENDER		AND PERSONAL PROPERTY.	THE RESERVE OF THE PARTY OF THE
Recipient Committee			RECEI	VED 20	CALIFORNI	PERSONAL AND DESIGNATION OF THE PERSONAL PROPERTY.
-	-	21 JM -4 PM 3: 2 -	1	V 1 O	FORM	State
Statement Type   Initial	Amendment	✓ Termination – See Pa	art 5 19 JAN 31 1	PM 5: 10	GISTRA POPULE	State of California
O Not yet qualified			8	TC0	UNTY OF RIVE	RSIDE
O Date qualified as commit	tee/	12 , 08 , 2018			DE	C 1 0 2020
O Date qualified as committee	Date qualified as commi	ttee Date of termination				
					The Part of the Pa	
	umber olicable) 1395564	2. Treasur	er and Other Princip	al Officers	Hampanian	nute decretary or otate
NAME OF COMMITTEE		NAME OF TREASUR	RER		OF RICK	nuce of Gamorran
Cheylynda Barnard For City Council 2018	Jeovauntay			G		
		STREET ADDRESS (N	10 P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)		CITY			Contract of the Contract of th	REA CODE/PHONE
		Moreno Val		CA 9	2551	CALLEGE I
CITY STATE			TTREASURER, IF ANY			
Moreno Valley CA	92551	Cheylynda				
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (N	O P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIDNAL)		CITY		STATE	ZIP CODE AR	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		Moreno Val	llev		2551	REA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION W	HERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL		CA 9	2551	1 1 1 1 1 1 1 1
John C. Committee	TENE GOMINITIES IS ACTIVE	HAME OF PAINGIPAL	L OFFICER(S)			
		STREET ADDRESS (NO	O P.O. BOX)			
					16	
Astrological information or property	ahu lah ataul sasatissi satas ah	CITY		STATE	ZIP CODE A	REA CODE/PHONE
. Attach additional information on appropriate	ely labelea continuation sn	eets.				
3. Verification						
I have used all reasonable diligence in prep	aring this statement and t	o the best of my knowledge the	information contained he	erein is true an	d complete.   cer	tify under
penalty of perjury under the laws of the St			11			,
Executed on 01/31/2019 By					100	
DATE			ANT TREACHSEN			
Executed on 01/31/2019 By					1	
DATE			C			
Executed on By _	CIGNAT	URE OF CONTROLLING OFFICEHOLDER, CANDIDATI	E OD STATE MEASURE PROPOSITAIN			
Executed on By	JOHA	STATE OF THE PROPERTY CANDIDAN	C, ON STATE MEASURE PROPUNENT			
DATE BY _	SIGNAT	URE OF CONTROLLING OFFICEHOLDER, CANDIDAT	TE, OR STATE MEASURE PROPONENT			

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

	☐ Amendment	MORENO VALL RECEIVING the office of the office of the Date of termination  Date of termination	PED®AND FIL CAL of the Secretary of Sales e State of California EC 1 0 2020	For Official Use Only
1. Committee Information	i.D. Number (if applicable) 1395564	2. Treasurer and Other Pr	incipal Officers	
NAME OF COMMITTEE	(2) //	NAME OF TREASURER		
Cheylynda Barnard For City	Council 2018	Jeovauntay Jones		
STREET ADDRESS (NO P.C. BOX)		CITY	STATE ZIP CODE	
		Moreno Valley		AREA CODE/PHONE
CITY	STATE ZIP CODE AREA CODE/PHO		CA 92551	
Moreno Valley	CA 92551	Cheylynda Barnard		
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
-				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIO	NAL)	Cillà	STATE ZIP CODE	105
		Moreno Valley		AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	CA 92551	
		STREET ACCRESS (NO P.O. BOX)		
Attach additional information	on appropriately labeled continuation sheets.	CITY	STATE ZiP CODE	AREA CODE/PHONE
				,
01/21/2010	ligence in preparing this statement and to the laws of the State of California that the f	best of my knowledge the information contained	ed herein is true and comp	lete. I certify under
Executed on DATE	Ву			
Executed on 01/31/2019	Ву	JRËR OR ASSISTANT TREASURER		
Executed on	2.	DER, CANDIDATE, OR STATE MEASURE PROPONE	NT .	
STAC	SIGNATURE OF CO	DATACLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONE		
Executed on	By	OF STATE MEASURE PROPONE	TN	
DATE		ONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONI	SNT	