

**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

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CALIFORNIA FORM **410**

For Official Use Only

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Giba for MoVal Mayor 2018
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92557
 MAILING ADDRESS (IF DIFFERENT)
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Riverside

NAME OF TREASURER
Leland Daniels
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 Riverside CA 92506
 NAME OF ASSISTANT TREASURER, IF ANY
Jeffrey Giba
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 Moreno Valley CA 92557
 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 is true and correct.

Executed on 5/24/18 By _____
 Executed on 5/24/18 By _____
 Executed on _____ By _____
 Executed on _____ By _____