

1444629

Statement of Organization
Recipient Committee

CITY CLERK
MORENO VALLEY
RECORDED

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met
01/18/22

Amendment
22 MAR -4 PM 4:01
Date qualification threshold met

Termination - See Part 5
Date of termination

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
2022 FEB 25 AM 13:28
FEB 08 2022
REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

CALIFORNIA FORM 410
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of the State of California

| 1. Committee Information | | I.D. Number <small>(if applicable)</small> | 2. Treasurer and Other Principal Officers | |
|---|--|---|--|--|
| NAME OF COMMITTEE <u>Ramos for city council 2022</u> | | | NAME OF TREASURER <u>Rene R Ramos</u> | |
| [REDACTED] | | <u>ca 92553 951 220-0275</u> | [REDACTED] <u>Valley 951</u> <u>Moreno 92553 220-0275</u> | |
| STATE ZIP CODE AREA CODE/PHONE | | | STATE ZIP CODE AREA CODE/PHONE | |
| FULL MAILING ADDRESS (IF DIFFERENT) <u>Moreno Valley</u> | | | NAME OF ASSISTANT TREASURER, IF ANY <u>Moreno Valley</u> | |
| [REDACTED] | | | STREET ADDRESS (NO P.O. BOX) | |
| [REDACTED] | | | CITY STATE ZIP CODE AREA CODE/PHONE | |
| <u>Riverside</u> <u>Moreno Valley, Ca</u> | | | NAME OF PRINCIPAL OFFICER(S) | |
| [REDACTED] | | | 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 information contained herein is true and complete.

Executed on 1/18/2022 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 1/18/2022 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

Executed on _____ By _____
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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Ramos for City Council 2022 I.D. NUMBER

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Altura Credit Union AREA CODE/PHONE [REDACTED] BANK ACCOUNT NUMBER [REDACTED]
 ADDRESS [REDACTED] Moreno Valley ca 92553

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | (list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
| | | | Nonpartisan | Partisan | |
| <u>Rene R Ramos</u> | <u>city council District 1</u> | <u>2022</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | | |