

**Statement of Organization
Recipient Committee**

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination -- See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

MORENO VALLEY CLERK
24 AUG 9 PM 12:48

1. Committee Information		I.D. Number (if applicable) N/A				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE DARYL TERRELL FOR MAYOR 2024						NAME OF TREASURER Daryl C. Terrell				
STREET ADDRESS (NO P.O. BOX) [REDACTED]						CITY Moreno Valley		STATE CA	ZIP CODE 92553	
STREET ADDRESS (NO P.O. BOX) [REDACTED]						EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]				
CITY Moreno Valley						STATE CA		ZIP CODE 92553	AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) N/A						NAME OF ASSISTANT TREASURER, IF ANY N/A				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]						STREET ADDRESS (NO P.O. BOX) N/A		CITY	STATE	ZIP CODE
COUNTY OF DOMICILE Riverside		JURISDICTION WHERE COMMITTEE IS ACTIVE Moreno Valley				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) N/A				
[REDACTED]						NAME OF PRINCIPAL OFFICER(S) Daryl C. Terrell				
[REDACTED]						STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Moreno Valley	STATE CA	ZIP CODE 92553
[REDACTED]						EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]				
[REDACTED]						[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

Executed on	<u>8-9-24</u>	By	[REDACTED]
	<small>DATE</small>		
Executed on	<u>8-9-24</u>	By	[REDACTED]
	<small>DATE</small>		
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME DARYL TERRELL FOR MAYOR 2024	I.D. NUMBER N/A
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS N/A	AREA CODE/PHONE N/A	BANK ACCOUNT NUMBER N/A	
ADDRESS OF FINANCIAL INSTITUTION N/A	CITY N/A	STATE N/A	ZIP CODE N/A

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		
Daryl C. Terrell	Mayor	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	
N/A	N/A	SUPPORT	OPPOSE
N/A	N/A	SUPPORT	OPPOSE