

**Statement of Organization
Recipient Committee**

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1440009

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
 06 / 10 / 2021

Amendment
 Date qualification threshold met
 ____ / ____ / ____

Termination – See Part 5
 21 AUG 31 PM 3: 25
 Date of termination
 ____ / ____ / ____

Date Stamp
RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
AUG 02 2021

CALIFORNIA FORM 410
 For Official Use Only
 2021 AUG 19 PM 12: 23
 REGISTERED OFFICE
 COUNTY OF RIVERSIDE

1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Cabrera for Mayor 2022				NAME OF TREASURER Martin Cabrera				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Moreno Valley		STATE CA		ZIP CODE 92551		AREA CODE/PHONE [REDACTED]	
CITY Moreno Valley		STATE CA		ZIP CODE 92551		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Riverside		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Moreno Valley		CITY STATE ZIP CODE AREA CODE/PHONE				[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE				[REDACTED]			
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.

Executed on 07/28/2021 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 07/28/2021 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

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COMMITTEE NAME

Cabrera for Mayor 2022

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION

Bank of America

AREA CODE/PHONE

951.485.7432

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

25940 iris Avenue

CITY

Moreno Valley

STATE

CA

ZIP CODE

92551

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		
Ulises Cabrera	Mayor of Moreno Valley	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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