

**Statement of Organization
Recipient Committee**

CITY CLERK
MORENO VALLEY
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CALIFORNIA
FORM 410

Statement Type

- Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met
____/____/____

Termination - See Part 8
Date of termination
08 / 24 / 2021

Date Stamp
OCT 25 2021

For Official Use Only
OCT 15 5:00

1. Committee Information **I.D. Number** **2. Treasurer and Other Principal Officers**

I.D. Number 1400113
(if applicable)

NAME OF COMMITTEE
Carla Thornton for City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside Moreno Valley

NAME OF TREASURER
Richard A. Teaman

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501

NAME OF ASSISTANT TREASURER, IF ANY
Javier Carrillo

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501

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

Executed on 10/21/2021 By _____
DATE

Executed on _____ By _____
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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