

**Statement of Organization  
Recipient Committee**

Statement Type  Initial

Not yet qualified  
or

Date qualified as committee

Amendment

Date qualified as committee

Date of termination

18 JUN 28 PM 1:27 See Part 5

14706634  
CITY CLERK  
MORENO VALLEY  
RECEIVED

Date Stamp

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in the office of the Secretary of State  
of the State of California

JUN 08 2018

CALIFORNIA FORM 410

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R/AA

**1. Committee Information** I.D. Number (if applicable)

NAME OF COMMITTEE  
DENISE FLEMING FOR MORENO VALLEY MAYOR 2018

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
MORENO VALLEY CA 92553 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
RIVERSIDE RIVERSIDE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
REGINAL D YOUNG

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
SAN BERNARDINO CA 92401 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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. Certification**

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 06/01/2018 By [REDACTED] ASSISTANT TREASURER

Executed on 06/01/2018 By [REDACTED] CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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JUN 18 AM 11:35  
DISTRICT OF VOTERS  
COUNTY OF RIVERSIDE

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

DENISE FLEMING FOR MORENO VALLEY MAYOR 2018

I.D. NUMBER

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

|   |                                 |                     |                   |  |
|---|---------------------------------|---------------------|-------------------|--|
| NAME OF FINANCIAL INSTITUTION<br>WELLS FARGO BANK | AREA CODE/PHONE<br>909-384-4805 | BANK ACCOUNT NUMBER |                   |  |
| ADDRESS<br>334 W 3RD STREET                       | CITY<br>SAN BERNARDINO          | STATE<br>CA         | ZIP CODE<br>92401 |  |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE                |                          | PARTY<br>(list political party below) |
|--|---|------------------|--------------------------|--------------------------|---------------------------------------|
|  |   |                  | Nonpartisan              | Partisan                 |                                       |
| DENISE FLEMING   | MAYOR: MORENO VALLEY  | 2018             | <input type="checkbox"/> | <input type="checkbox"/> | DEMOCRATIC                            |
|  |   |                  | <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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |