

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	07 / 23 / 2020

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**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers				
<b>I.D. Number</b> 1394805 <i>(if applicable)</i>				<b>NAME OF TREASURER</b> Ulises Cabrera				
<b>NAME OF COMMITTEE</b> Cabrera for Council 2018				<b>STREET ADDRESS (NO P.O. BOX)</b> 				
<b>STREET ADDRESS (NO P.O. BOX)</b> 				<b>CITY</b> Moreno Valley		<b>STATE</b> CA	<b>ZIP CODE</b> 92551	<b>AREA CODE/PHONE</b>
<b>CITY</b> Moreno Valley		<b>STATE</b> CA	<b>ZIP CODE</b> 92551	<b>NAME OF ASSISTANT TREASURER, IF ANY</b>				
<b>FULL MAILING ADDRESS (IF DIFFERENT)</b> 				<b>STREET ADDRESS (NO P.O. BOX)</b>				
<b>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)</b> 				<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>	<b>AREA CODE/PHONE</b>
<b>COUNTY OF DOMICILE</b> Riverside		<b>JURISDICTION WHERE COMMITTEE IS ACTIVE</b> Moreno Valley		<b>NAME OF PRINCIPAL OFFICER(S)</b>				
Attach additional information on appropriately labeled continuation sheets.				<b>STREET ADDRESS (NO P.O. BOX)</b>				
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>	<b>AREA CODE/PHONE</b>				

**3. Verification**

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on 07/23/2020 By \_\_\_\_\_ ASSISTANT TREASURER

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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