

**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 |

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JUL 27 2020

CALIFORNIA FORM 410
For Official Use Only

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

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 [REDACTED]

Executed on 07/23/2020 By [REDACTED] 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

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

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 CITY CLERK
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