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AUG 15 2022

CALIFORNIA FORM 410
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22 SEP 12 PM 3:51

Statement of Organization
Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee
07 / 21 / 2021
Date qualified as committee Date of termination

1. Committee Information I.D. Number 1436213 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Cheylnda Barnard For City Council 2022
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92551
MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER
Jeovauntay Jones
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92551
NAME OF ASSISTANT TREASURER, IF ANY
Cheylnda Barnard
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92551
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 foregoing is true and correct.

Executed on 08/08/2022 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 08/08/2022 By [Signature] 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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Cheylynda Barnard For City Council 2022

I.D. NUMBER

1436213

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

NAME OF FINANCIAL INSTITUTION

Pacific Premier Bank

AREA CODE/PHONE

(866) 353-1476

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

P.O. Box 25171

CITY

Santa Ana

STATE

CA

ZIP CODE

92799

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	CHECK ONE		PARTY (list political party below.)
			Nonpartisan	Partisan	
Cheylynda Barnard	Moreno Valley City Council District 4	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<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) FOR 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>