

**Statement of Organization  
Recipient Committee**

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

**MORENO VALLEY CLERK  
'24 SEP 17 PM 2:21**

**Statement Type**

Initial

Amendment

Termination – See Part 5

Not yet qualified  
or

Date qualification threshold met

Date qualification threshold met

Date of termination

\_\_\_\_/\_\_\_\_/\_\_\_\_

09 / 09 / 24

\_\_\_\_/\_\_\_\_/\_\_\_\_

<b>1. Committee Information</b>		<b>I.D. Number</b> 1473185 <small>(if applicable)</small>		<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE <b>DARYL TERRELL FOR MAYOR 2024</b>				NAME OF TREASURER <b>Daryl C. Terrell</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Moreno Valley</b>	STATE <b>CA</b>
CITY <b>Moreno Valley</b>				STATE <b>CA</b>		ZIP CODE <b>92553</b>	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) <b>N/A</b>				EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY <b>N/A</b>			
COUNTY OF DOMICILE <b>Riverside</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Moreno Valley</b>		STREET ADDRESS (NO P.O. BOX) <b>N/A</b>		CITY <b>N/A</b>	STATE <b>N/A</b>
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Moreno Valley</b>	STATE <b>CA</b>
[REDACTED]				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) <b>N/A</b>		AREA CODE/PHONE <b>N/A</b>	
[REDACTED]				NAME OF PRINCIPAL OFFICER(S) <b>Daryl C. Terrell</b>			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Moreno Valley</b>	STATE <b>CA</b>
[REDACTED]				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>							
<b>3. Verification</b>							

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 information provided is true and correct.

Executed on 9-17-24 By [REDACTED]

Executed on 9-17-24 By [REDACTED]

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME DARYL TERRELL FOR MAYOR 2024	I.D. NUMBER 1473185
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Altura Credit Union/Daryl C. Terrell	AREA CODE/PHONE 951-571-5000	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 2692 Canyon Springs Parkway, Suite C	CITY Riverside	STATE CA	ZIP CODE 92507
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**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	PARTY CHECK ONE		
Daryl C. Terrell	Mayor	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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) IF A 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
		SUPPORT	OPPOSE