# Statement of Organization
# Recipient Committee

**Statement Type**

☐ Initial
○ Not yet qualified
or
○ Date qualification threshold met
____/____/____

☐ Amendment
Date qualification threshold met
____/____/____

☑ Termination – See Part 5
Date of termination
12 / 31 / 24

MORENO VALLEY CLERK
'24 DEC 31 PM 2:27
Date Stamp

**CALIFORNIA FORM 410**

For Official Use Only

## 1. Committee Information

**I.D. Number** *(if applicable)*

NAME OF COMMITTEE
DARYL TERRELL FOR MAYOR 2024

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

CITY: Moreno Valley | STATE: CA | ZIP CODE: 92553 | AREA CODE/PHONE: [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
N/A

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[redacted]

COUNTY OF DOMICILE: Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE: Moreno Valley

*Attach additional information on appropriately labeled continuation sheets.*

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daryl C. Terrell

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Moreno Valley | STATE: CA | ZIP CODE: 92553

EMAIL ADDRESS OF TREASURER (REQUIRED): [redacted] | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX): N/A | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED): N/A | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Daryl C. Terrell

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Moreno Valley | STATE: CA | ZIP CODE: 92553

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): [redacted] | AREA CODE/PHONE: [redacted]

## 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 [redacted]

Executed on 12-31-24 (DATE) By [redacted] ASSISTANT TREASURER

Executed on 12-31-24 (DATE) By [redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____ (DATE) By ____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____ (DATE) By ____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization**
**Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**



| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| DARYL TERRELL FOR MAYOR 2024 | 1473185 |

- **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 | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
|---|---|---|
| Altura Credit Union/Daryl C. Terrell | 951-571-5000 | [redacted] |

| ADDRESS OF FINANCIAL INSTITUTION | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 2692 Canyon Springs Parkway, Suite C | Riverside | CA | 92507 |

## 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 ✓ | 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 |