

**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 / 29 / 2022 |

CITY CLERK
MORENO VALLEY
RECEIVED CALIFORNIA FORM 410
22 AUG 15 2022
For Official Use Only

| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
|---|---|-------------------|-------------------------------|--|-------------|-------------------|-------------------------------|
| I.D. Number 1399434 <small>(if applicable)</small> | | | | NAME OF TREASURER Jennifer Mitchell | | | |
| NAME OF COMMITTEE Dr. Gutierrez for Mayor 2020 | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | CITY Riverside | STATE CA | ZIP CODE 92501 | AREA CODE/PHONE [REDACTED] |
| CITY Riverside | STATE CA | ZIP CODE 92501 | AREA CODE/PHONE [REDACTED] | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | 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 City of 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 the foregoing is true and correct.

Executed on 8/1/2022 By [REDACTED]

Executed on 8/1/2022 By [REDACTED]

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

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