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 ____/____/____

Date Stamp

CALIFORNIA FORM 410

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MORENO VALLEY CLERK
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MORENO VALLEY CLERK

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Rylee Peak for Mayor 2026

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

CITY: Moreno Valley | STATE: CA | ZIP CODE: 92557 | AREA CODE/PHONE: [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

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
Angela Peak

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Moreno Valley | STATE: CA | ZIP CODE: 92557

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

NAME OF ASSISTANT TREASURER, IF ANY
Kenneth Peak

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Moreno Valley | STATE: CA | ZIP CODE: 92557

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

NAME OF PRINCIPAL OFFICER(S)
Angela Peak

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Moreno Valley | STATE: CA | ZIP CODE: 92557

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): [redacted] | 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 06/23/2025 (DATE) By [redacted] STANT TREASURER

Executed on 06/23/2025 (DATE) By [redacted] ATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By [redacted] ATE, 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

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COMMITTEE NAME	I.D. NUMBER
Rylee Peak for Mayor 2026	

- **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
Square, Inc. [redacted]	855-700-6000	[redacted]

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
1455 Market Street	San Francisco	CA	94103

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		
			Nonpartisan	Partisan	(list political party below)
Rylee Peak	Mayor, Moreno Valley	2026	✔		
			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

Candidate Intention Statement

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Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Peak, Rylee J	[redacted]	( )	[redacted]

STREET ADDRESS	CITY	STATE	ZIP CODE
24822 Enchanted Way	Moreno Valley	CA	92557

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN OFFICE / PARTY PREFERENCE:
Mayor	City of Moreno Valley		

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2026 (Year of Election)

(Check one box, if applicable.)

☑ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☐ **I accept** the voluntary expenditure ceiling for the election stated above.

☐ **I do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/24/2025 (month, day, year)

Signature [redacted]