Statement of Organization
Recipient Committee

Statement Type

- ☐ Initial
  - ○ Not yet qualified
    or
  - ○ Date qualification threshold met | Date qualification threshold met ___/___/___
- ☑ Amendment ___/___/___
- ☐ Termination – See Part 5 Date of termination ___/___/___

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILED in the office of the Secretary of State of the State of California **MAY 29 2024** 33	For Official Use Only 2024 JUN 10 AM 7:02

1. Committee Information

I.D. Number (if applicable) 1440069

NAME OF COMMITTEE
Re-elect Ulises Cabrera for Mayor 2024

STREET ADDRESS (NO P.O. BOX)
████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moreno Valley	CA	92551	████

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside	City of Moreno Valley

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Ulises Cabrera

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
████	Moreno Valley	CA	92551

EMAIL ADDRESS OF TREASURER (REQUIRED) ████ AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Ulises Cabrera

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
████	Moreno Valley	CA	92551

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) ████ 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 __04/29/2024__ By ████████ ANT TREASURER
DATE

Executed on __04/29/2024__ By ████████
DATE SIGNATURE ██████, OR STATE MEASURE PROPONENT

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

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	
Re-elect Ulises Cabrera for Mayor 2024	**I.D. NUMBER** 1440069

- 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
Bank of America	(951) 485-7432	███████████

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
25940 Iris Ave	Moreno Valley	CA	92551

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		
Ulises Cabrera	Mayor(Re-election)	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